

CHEMIST & DRUGGIST

The newswweekly for pharmacy

February 4, 1984

a Benn publication

Clawback:
PSNC moves
against DHSS
in High Court

Pharmacist on
pharmacy
arson charge

Qualified
support for
parallel
import plan

Pharmacist
banned from
Register for
five years

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CHEMIST DRUGGIST

Incorporating Retail Chemist

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COMMENT

So the Pharmaceutical Services Negotiating Committee is to challenge the Department of Health over clawback in the High Court (see p200). And in doing so hopes to range itself alongside the Post-1980 Contractors Committee and to share its counsel, Sir Ian Percival, at next month's judicial hearing. "Big David joins little David in fight against Goliath," could have been a headline found on the ancient "tabloids" of stone.

PSNC found last week's Ministerial statement that a special adjustment of the discount clawback was to be made for post-1980 contractors "divisive" because of the wider issues involved. It implies this brought into question the legality of all discount deductions involved in reimbursement and the whole principle of retrospection.

The Post-1980 Contractors Committee

seems to have had doubts on both those points for some time. Indeed the chairman of that Committee, Peter Hulme, while appearing to have won a significant "out of court" concession (let us hope it is not a "settlement") over clawback for his members, nevertheless was approaching his Wednesday meeting with DHSS officials and solicitors with circumspection. The scope of the judicial hearing depends very much on the nature of the DHSS offer. Will the special adjustment mean that no post-1980 contractors have to pay any surcharge at all, even for the period they were in business? Will a surcharge be applied to post-1980 contractors just for the relevant period they were in business? And will the adjustment be contingent upon the Post-1980 Contractors Committee not proceeding with their action on February 9-10?

The application of the concession to

post-1980 contractors will determine whether the special adjustment is as divisive as the PSNC fears. If it is, it will be unfortunate indeed because pharmacy is, if not a divided profession, at least one with many factional interests.

In any case the contract had already succeeded in splitting contractors before the Minister made his statement out of the blue. Witness the activities of the Association of New Pharmacies as well as the activities of the Post-1980 Contractors Committee.

If the principle of the legality of the Department of Health's practice of discounting payments for ingredients is fit to be tested by PSNC in a judicial hearing now, the obvious question contractors will be asking is why could the matter not have been pursued earlier?

PSNC to take DHSS to court on clawback

The Pharmaceutical Services Negotiating Committee is to apply to the High Court for a judicial review to ascertain the legality of the DHSS's practice of discounting payments for ingredients. It hopes its action will be heard simultaneously with that of the Post-1980 Contractors Committee on February 9-10, because of a "community of interest."

The PSNC decision follows last week's Ministerial statement (*C&D*, January 28, p159) that an exceptional special adjustment of the discount clawback would be made in respect of chemists entering into contract after October 1980, to be made without detriment to other contractors. The decision was unanimous and taken at a special meeting at the end of last week.

PSNC says it regrets the action of the Department in dealing with the claim of new contractors in this divisive manner without prior communication. The PSNC statement continues: "While we welcome settlement of the new contractors' legitimate claims, which we supported from the outset, we are concerned that this may well divide contractors because of the wider issues involved. These affect all contractors, not only in regard to the legality of retrospective discount deductions, but of those deductions altogether. We are therefore initiating immediately High Court proceedings which hopefully will be heard simultaneously with remaining aspects of the Post-1980 Contractors Committee case."

Mr N. Wood has been briefed by PSNC but it is proposed that counsel for the Post-1980 Contractors Committee, Sir Ian Percival QC, will lead both parties in the action.

The Minister also said last week that he would introduce a clause in the Health and Social Security Bill, to remove any doubt, for both past and future, about the Government's ability to make good over- or under-payments retrospectively. He said: "Negotiations will commence with PSNC on the period over which the discount scale should be adjusted to offset the excessive

payments made on this occasion in the past. This period will not begin until the Bill has received Royal Assent."

The three elements at present to be considered in the judicial review requested by the Post-1980 Contractors Committee are whether the Secretary for Social Services has the power: to recover discounts; to clawback discounts retrospectively, and to clawback discounts from people who never had them.

Chairman Peter Hulme told *C&D* that any variation in these elements would depend on a meeting to be held between himself, treasurer Stuart Powell, solicitor Ashok Patel and DHSS officials and solicitors. He was not sure exactly what the DHSS would put "on the table" but suspected an attempt would be made to make the Committee drop its action.

Mr Hulme said that if the DHSS offer meant that both Post-1980 and other contractors were to be surcharged for the period they were in business, there would still be a case for challenging the clawback principle. "The Scottish Home and Health Department appears to have dropped clawback for Scottish contractors," he said (*C&D*, January 28, p156).

There are rumours that the Treasury is fighting the PSNC move to join with the Post-1980 Contractors Committee in the judicial hearing.

Committee secretary John Barnes asks anyone who entered into contract in September 1980 to contact him at 255 London Road, Mitcham. He says they will not enjoy any of the benefits open to October 1980 contractors through the DHSS's special adjustment, but will have been in business just one month longer.

□ The Association of New Pharmacies is to call on its members to lobby MPs over the Government's decision to introduce a clawback clause in the Health and Social Security Bill. An Association spokesman says it would want a proviso included that future "new contractors" be excluded from any clawback that occurred before they took on their business.

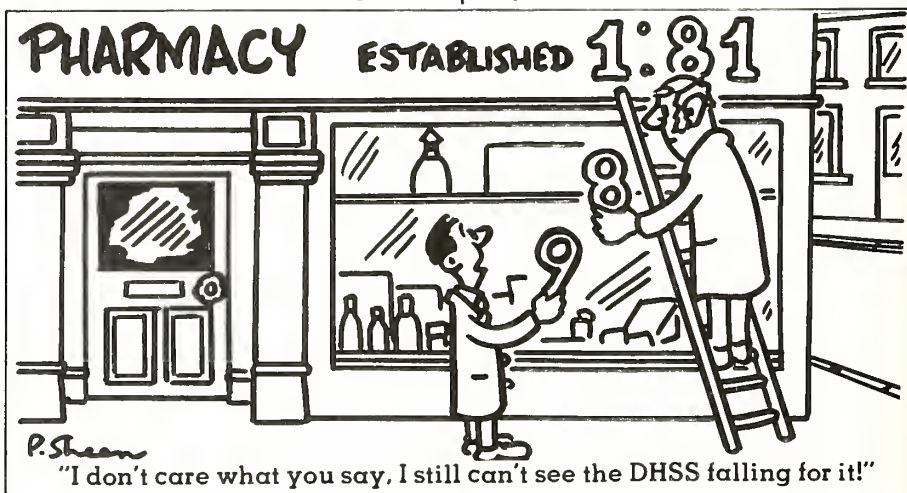
Drug purchase incentives

Health Minister Kenneth Clarke says the Government is currently examining the present arrangements for NHS dispensing including the need for incentives for economic purchasing.

In reply to a written question from Mr David Atkinson (Con), Mr Clarke said there was some incentive at the moment for individual pharmacists to purchase drugs at prices below the national average level at which they were reimbursed.

Mr Clarke said last week that the Government was urgently considering ways of improving the existing arrangements for payment of pharmaceutical services: "I am anxious that serious negotiations should begin with the Pharmaceutical Services Negotiating Committee as soon as possible."

□ A standard questionnaire, applicable to all Government departments, is to be introduced in June for firms seeking to become Government suppliers. Parliamentary Under Secretary of State David Triesman, told Harlow's Chamber of Commerce that the result would be a vast improvement: "Presently firms have to complete separate financial and general information forms each time they approach a different Government department."



"I don't care what you say. I still can't see the DHSS falling for it!"

Import plans could increase the trade . . .

The recent Government plans to control parallel importing (C&D December 17/24/31, p1084) will stop a good deal of the underhand marketing of such imports, says National Pharmaceutical Association director Tim Astill. However, the proposed PL(PI) licence could still bring about a substantial increase in "legitimate" imports — possibly differing in appearance from the UK product — before economic forces halt the practice.

The substantial increase in "legitimate" parallel importing foreseen by Mr Astill under the parallel import product licence PL(PI) proposals depends on how stringently the rules are applied, how much data will be required in support of an application and how heavy are the fees for routine applications.

In a paper presented at a one-day conference organised by the British Institute of Regulatory Affairs last week. "The EEC pharmaceutical market — impact on the regulatory process", Mr Astill said a lot would also depend on the attitude of the major wholesale groups in the country: "I am sure they will be reluctant to become involved unless they are forced to do so by competition from their smaller brethren.

"If one or more of the big wholesale companies begins to import ethicals from Europe then the price of those ethicals in the UK will be governed, not by the Pharmaceutical Price Regulation Scheme, but by the lowest price at which they are available anywhere in the EEC," Mr Astill said. "It will not be permissible for the

Government to stand in the way of parallel imports solely because the price at which they are being purchased abroad is an artificially low one."

Where a manufacturer found that his UK domestic market for a product was undermined by parallel import competition, he would have to decide whether to reduce his price to meet the competition, or withdraw the product from the UK market altogether. "In either event parallel importation will cease," said Mr Astill, "in the first case because the financial attractions will have disappeared, and in the second case because there will no longer be a licensed UK product for the importation to be parallel to."

Of the Regulation which will replace SI 1978(1461) — which had been intended to provide exemption from the licensing rules "in circumstances in which small quantities of medicinal products are imported into the UK for the purpose of treatment of particular patients" — Mr Astill said: "It will undoubtedly put a stop to a good deal of the underhand and rather amateurish marketing of parallel imports which is now taking place in the UK on a wide scale. "He thought this would be universally welcomed.

Mr Astill said also that products originating from different Member States could still differ in appearance from the UK manufactured product. The PL(PI) proposal was that they should have no "therapeutically significant differences".

Any practising pharmacist would readily attest to the difficulties that could be caused when a product changes its colour or shape. The confidence of the patient could be seriously undermined and a great deal of time spent in reassurance and explanation, Mr Astill said. "I certainly hope this aspect will receive its share of attention from those at the DHSS responsible for introducing the new scheme."

... 'reasonable base' says NAPD

The National Association of Pharmaceutical Distributors says that if the DHSS consultative document on parallel importing is strengthened, it should provide a reasonable basis for safe control without unnecessarily restricting trade.

However, despite the special licensing arrangements proposed, it says many wholesalers will not be handling parallel imports because of concern over liability and safety.

The NAPD says the PL(PI) requires less

stringent procedures than those demanded by the Licensing Authority in relation to normal UK product licences. This appears to be an attempt to avoid discrimination against parallel imports.

The Licensing Authority must be satisfied that storage conditions, handling and movement procedures prior to entry, are to no less a standard than those obtaining in the UK, the NAPD says.

Batch control requirements also seem to "beg the question of safety", it says. This is because if batch control documents are not available to the importer, there is an automatic presumption of conformity with the medication's specifications. The NAPD says this is unacceptable.

The DHSS will have to set up an efficient recall procedure to replace the present

ABPI/NAPD one, it says, which will become inoperable if many wholesalers refuse to handle parallel imports. "The importer should therefore be responsible for instituting a recall, and must keep in touch with the manufacturer of the product in the country of origin . . ."

The new Regulations should state that all parallel imports must be labelled in English, together with other leaflets and pack inserts, says the NAPD. They should also be framed to prevent the substitution of a non-identical parallel import for a UK manufactured and licensed product, unless the script is endorsed by the doctor.

The NAPD says it is concerned over the question of bioavailability and therapeutic effect. "It is not entirely clear as to how this is going to be checked: from the consultative document it appears it may simply go by default."

Call for drug withdrawals

Product licences for phenylbutazone and oxyphenbutazone should be withdrawn as the drugs have no major advantages over other non steroidal anti-inflammatory drugs. Between them they may have killed well over 1,000 people in Britain, says the latest Drug and Therapeutics Bulletin.

The drugs should not be prescribed for new patients says the *Bulletin*. A personal supply could be arranged for those with ankylosing spondylitis who need them.

Between 1964 and 1982 the Committee on Safety of Medicines recorded 458 deaths from bone marrow damage following phenylbutazone or oxyphenbutazone treatment. But, says the *Bulletin*, these figures are almost certainly an underestimate — probably by 50 per cent. Experience from Sweden suggests that deaths may number 1,000. Norway banned both drugs in December 1983.

The *Bulletin* notes that Ciba-Geigy's internal assessment in September 1982 reported 1,182 deaths associated with both drugs worldwide. As the CSM recorded 651 deaths in the UK from 1964 to 1982, reporting in most other countries must be grossly deficient, says the *Bulletin*.

The CSM learned of the Ciba-Geigy report from *The Sunday Times* only then did the company supply it, claims the *Bulletin*, whose request for a copy has yet to be answered, it says.

A spokesman for Ciba-Geigy said no information has been withheld from the Department of Health and the company is currently in discussion with the Licensing Authority.



Hermesetas[®]
gold

200 soluble
Acesulfame K tablets.
Calorie free sweeteners.

Hermes Sweeteners Ltd., Zurich, Switzerland.

If they've ever used sugar they'll go for gold.

We're launching Hermesetas gold the sweetener even sugar users go for. The taste's a winner because it's made from Acesulfame K the pure-tasting sweetener, the one that gives your customers all the pleasure of sugar but with none of the Calories.

And Hermesetas gold is better value than other new sweeteners too, with a recommended retail price of 89p for 200.

So now you can give your customers the choice of the ever

popular Hermesetas in the blue tins with saccharin, as well as new Hermesetas gold.

We're spending over £1 million to support the brand commencing with a national TV campaign to launch Hermesetas gold. So stock up now and cash in some winning profits.

Contact your Crookes Products representative or your local wholesaler and place your order.

Hermesetas gold—the winning taste

Pharmacist on arson charge

Pharmacist John J.G. Barnes, superintendent pharmacist of J. Barnes Ltd, of 255 London Road, Mitcham, has been charged with arson following a fire at his premises early last Saturday evening.

He appeared at Wallington Magistrates Court on Monday charged with arson with intent to danger life, under sections 1 and 3 of the Criminal Damages Act. He has been released on unconditional bail.

The police report severe damage both to the shop and to the flat above, which is leased out, but was empty at the time of the fire.

Mr Barnes is secretary to the Post-1980 Contractors Committee and chairman of the Association of New Pharmacies.

NPA campaign effect grows

The National Pharmaceutical Association's advertising campaign is having an increasing influence on readers of women's magazines, research by IPC continues to show.

"The effect appears to be cumulative," according to Andrew Carnegie, client services director of the agency handling the campaign, Beam Advertising. "And the introduction of the television burst, albeit on a limited scale, should add extra impetus", he says.

IPC's monitoring of the advertising has shown that the percentage of women in a sample who claim to ask their pharmacist for advice has risen steadily from 37 per cent in May 1983 to 58 per cent in November (see also C&D October 26, p772).

After the "teddy bear" advertisement in *Woman's Weekly* on May 14, 61 per cent of the sample felt a "positive involvement" with the advertisement, but after the September 24 insertion in *Woman's Own*, that had risen to 75 per cent.

Similarly for the "medicines" advertisement, the 81 per cent figure after an appearance in *Woman's Realm* on June 18 rose to 92 per cent after that in *Woman's Weekly* on November 19.

Recall has also been growing, and now exceeds the "norm" of 25 per cent for all page advertisements in all women's magazines. The "teddy bear" rose from 18 per cent in May to 26 per cent in September, and the "medicines" from 12 per cent in June to 27 per cent in November.

Chemist & Druggist 4 February 1984



First prize in Unichem's December top ten cash bonanza goes to the Acton branch of Pharmco. Unichem's Willesden branch manager Barrie Boots presents the £1,000 prize money to Acton branch manager Ratilal N. Shroff, MPS. A further £100 goes to the staff.

Antihistamines — don't drive!

Tests with antihistamines show that centrally active triprolidine greatly impairs driving behaviour while peripherally acting terfenadine does not.

The study, reported in the *British Medical Journal*, involved 12 experienced women drivers in a double blind placebo controlled experiment. Each subject served as her own control. The women started taking the antihistamines or placebo on Friday, and were tested on a Sunday.

The mean time to weave between a set of bollards was ten seconds higher when taking triprolidine compared to terfenadine, and the total number of bollards struck was twice as high.

Guild awards

The Guild of Hospital Pharmacists' Evans gold medal for a national contribution to hospital pharmacy has been awarded to Colin Hitchings, PSGB president, and a past president of the Guild.

The silver medal, awarded for the first time in 1984, for a local contribution to hospital pharmacy, goes to Mr John Baker, DPhO, Victoria Health Authority.

Presentation of the medals will take place at the Guild's weekend school in Coleraine, Northern Ireland on April 6-8.

Scheme to cut drugs in homes

Community pharmacists in Essex and NE London have been helping Newham Council in a scheme to cut down on drug treatment in old people's homes.

Concerned over high levels of incontinence and non-response in residents, Mr Peter Cobb, assistant director responsible for residential care, instigated the project about three years ago. He is helped by two colleagues: Mr Mervyn Eastman, principle advisor, residential services, and Mrs Muriel Hammond, social work assistant.

Mrs Hammond, an ex-nursing tutor at the London Hospital, devised the scheme after doing a pilot study with community pharmacist, Mr David Grainge in Brentwood.

The scheme, which involves using medication record cards, drug trolleys and keeping a closer watch over stock levels, was extended and now covers 14 homes controlled by Newham Council. They range from Westcliffe-on-Sea to East London. Nine community pharmacists are involved including: Mr M. Anthony and Mr Chana in London E12; Mr R.S. Patel in Westcliffe-on-Sea; Mrs Pabari in Harold Wood, Essex; Mr M. Patel in London E15; Mr D. Grainge and Mr Brown in Brentwood, and Mrs J. Hope in Ongar.

Mr Cobb explained that the system makes prescribing more accountable.

Mrs Hammond says that prescribing has been cut by a third overall. And Mr Cobb claims that in some homes incontinence levels and night sedation have been halved.

Generic prices

Generic products subject to special prices, as announced by the Pharmaceutical General Council (Scotland) last week, will be the same as those agreed by the PSNC for contractors in England and Wales last year (see C&D August 20, 1983, p273 and September 10, p411).

The list circulated to Scottish contractors this week differs only in that it does not include magnesium trisilicate mixture.

For an item to be included in the "S" list it must be available from at least two of the major six suppliers (Unichem, Vestric, Macarthy's, Cox, Kerfoot, APS), at the price published in part 7A of the Drug Tariff.

A further list of generic products will be added to part 7A from February 1, when the new "S" prices come into operation.

WITH DENTU-HOLD, THERE'S NOTHING INVISIBLE ABOUT THE PROFITS!

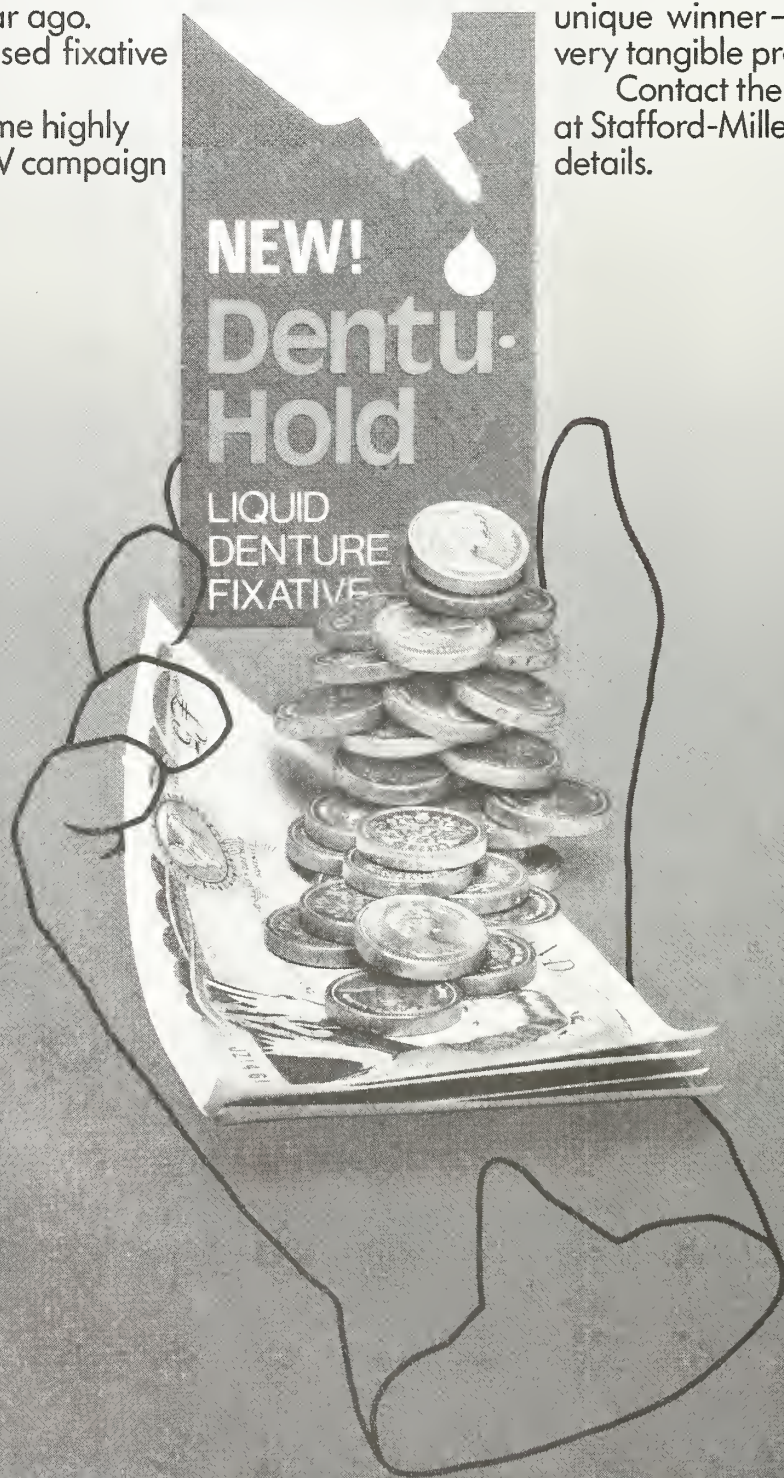
Dentu-Hold – the invisible liquid denture fixative, has been a phenomenal success since its launch a year ago.

In 1983 it increased fixative sales by nearly 20%.

For 1984, the same highly effective National TV campaign

continues from February through March. Make sure you're well-stocked with this unique winner – and grab some very tangible profit.

Contact the representative at Stafford-Miller for bonus details.



Dentu-Hold: the only denture-fixative liquid.
Stafford-Miller: the first name in denture care.

By Xrayser

CPP separation vote postponed

The College of Pharmacy Practice has put off its decision on separation from the Pharmaceutical Society, a move which the College's Board of Management tentatively favoured (*C&D* January 28, p156).

At the College's annual meeting on Monday, where a vote on separation was to have been taken, it was decided to allow associates time for further discussion, with a final decision being taken in about six months. Originally the Board had envisaged separation if agreeable to members, in 1985.

Guest speaker, Mr William Dunn, senior lecturer in the department of education, Glasgow University, criticised the College's approach to postgraduate education. It needs to be more problem-orientated rather than just requiring recall and understanding of knowledge, he maintained. Mr Dunn cited examples used for doctors' postgraduate education. A problem-solving approach, using "live" situations, encourages more complex thinking and allows participants to identify areas where knowledge is lacking, he said.

Concentrators or cylinders?

The Department of Health has conducted two internal studies into the provision of oxygen concentrators for domiciliary patients Mr John Patten, Under Secretary for Health, told Mr Lewis Carter-Jones last week.

Both studies showed that at current prescribing levels fewer than 1,000 of the patients receiving oxygen therapy could have had their oxygen supplied more economically by concentrator instead of cylinders. Other studies have indicated that a concentrator is more economical for patients requiring oxygen for 15 hours or more per day.

The results of the commissioned study, which looked at the economics of providing oxygenators on a large scale, have been received by the DHSS and will be made available to interested parties, said Mr Patten.

■ The Medical Research Council's Handbook 1983-84 (£5.50 including postage) is a guide to activities of Council establishments and to other forms of research it supports. Available from Publications Department, Medical Research Council, 20 Park Crescent, London W1.

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Stop Press

Did you read about the clause to be put into the Health and Social Security Bill, under which the Secretary for Social Services said he would be able to make good — ie to correct — over or under-payments retrospectively. Exceptionally, because of this, he would be making a special payment to post-1980 contractors to compensate for the clawback which will be imposed after the Bill is law.

This opens fascinating prospects, for if he is willing to make a special exception for contractors who were not in business, and therefore could not have obtained discounts, surely the Pharmaceutical Services Negotiating Committee will have to press for exactly the same allowance for those contractors who can prove they also took no discounts until, say, 1981 or 1982? There are quite a number who, for honourable reasons, tried to stand against the flow, because they knew it would wash them. It would not be very difficult for them to produce facsimiles of balance sheets and certified statements from their suppliers, stating when they finally commenced taking discounts, and the actual amounts after that. After all, it would *only* amount to photostats of one or two years' statements. . . which in each case showed the discount.

Fine old mess we've got ourselves into. Those who didn't take them get clobbered, those who did from the beginning laugh all the way to the bank. If we decide to prove we didn't by filing documents with affidavits, we open up a case for individual contracts, which would mean we would have to declare all future discounts, and lose the lot. The operation would therefore become pointless.

What we have to do is cheat the system, hide the hidden, launder the profits, so no one finds out. But even if they do, those silly 'Bs' who didn't feel it proper to grind the

dicount mill, or play the import game, will have to repay their share of our profit! Gorgeous!

Proof

John Davies wrote a long letter last week about the activities of Maltown, who are aiming their marketing thrust at the dispensing doctors. One must assume this is not exactly a waste of time for Mr Town. But if my understanding (a mythical beastie) is correct, then the DHSS already have absolute proof of the amount of imports at well below Tariff prices which doctors are buying. This is because exporters from EEC countries are required to file the names and addresses of consignees, and the quantities of items which they export to this country, with the aforementioned DHSS. You've only got to ask minister!

Evens above!

Mr Edwin Evens is telling us to slow down in our hunt for a simpler contract. I think he is right. I think the present contract is not so much complicated as finely adjusted...and adjustable.

It could be adapted to individual sites as it stands. However, the apportionment of overheads would have to be related to the returns from the activities — which ought to include medical and surgical sales — rather than only the space taken for drugs storage and dispensing.

Being on high in the Council seems to have produced a new insight. Perhaps Mr Evens has been reading me! One thing is sure, they must love him up there when he asks if the Pharmaceutical Services Negotiating Committee "... is a David, man enough for the Phillistinian Goliath," or tells them to tell the Department plainly that enough is enough.

Ye olde world pharmacy

The contents of a Victorian pharmacy are to be put on permanent show in Plymouth.

When the C.J. Park dispensary closed down on New Year's eve (*C&D*, December 17/24 1983, p1087) after 119 years of service, it was thought the contents would be sold by auction.

But the Mannamead Conservation Society fought to preserve this part of Plymouth's heritage and a guarantor has been found to put up the £5,000 needed to acquire the fixtures and fittings.

A trust will be set up to have overall management of the collection. Already Mr Charles Park, the shop's proprietor since 1933, has been asked to act as one of the trustees.

The fixtures and fittings will have a place in the Plymouth museum. It is intended that the exhibition be in the form of a rebuilt 19th century chemist's shop.

"We feel this will be a great tourist attraction for Plymouth," says Mrs Jan Knight, chairman of the Conservation Society.

"It would be nice to have retired pharmacists demonstrating the old crafts — we want it to be a 'doing' rather than a 'looking' museum — it's the only way these old crafts can be preserved."

Arelix capsules

Manufacturer Albert Products, Division of Hoechst UK Ltd, 50 Salisbury Road, Hounslow, Middlesex TW4 6JH

Description Capsules with a light green body and an orange cap, each containing 6mg piretanide

Indications Diuretic for the treatment of mild to moderate hypertension

Dosage One or two capsules daily, to be taken with food as a single dose in the morning. The diuretic effect, which is gradual and exhibits no marked peak effect, begins about two hours after administration and lasts for about eight hours

Contraindications In patients with severe electrolyte imbalance or hypovolaemia

Warnings, precautions etc Patients with impaired micturition or prostatic hypertrophy may develop urine retention. Cephalosporin nephrotoxicity and aminoglycoside ototoxicity have been reported to be increased by concomitant administration of large doses. As with other thiazide and loop diuretics, piretanide can cause hypokalaemia. It may precipitate hepatic coma in patients with severe liver disease. Dosage of concurrently administered hypoglycaemics, anti-hypertensives, cardiac glycosides and agents used to treat gout may require adjustment. Serum lithium levels may be raised.

Certain non-steroidal anti-inflammatory agents antagonise the action of piretanide.

May inhibit lactation in nursing mothers, and appears in breast milk of animals.

Muscle cramps have been reported following the administration of high doses

Packs Calendar packs of 28 capsules (NHS price £3.37)

Supply restrictions Prescription only
Issued February 1984.

Co-Betaloc SA tabs

Manufacturer Astra Pharmaceuticals Ltd, Home Park Estate, Kings Langley, Herts WD4 8DH

Description Yellow, biconvex, film coated tablets engraved "A" above "MC" each containing metoprolol tartrate 200mg embedded in a white layer for slow release and hydrochlorothiazide 25mg in a yellow layer for rapid release

Indications Management of mild to moderate hypertension. May be used when satisfactory control of arterial blood pressure is not achieved with either a

diuretic or beta-blocker used alone

Dosage Depends on patient response.

Usually one tablet daily

Contraindications, warnings etc As for other preparations of metoprolol and hydrochlorothiazide

Packs calendar pack of 28 tablets (£8.20 trade)

Supply restrictions Prescription only
Issued February 1984

Killing pain 'selectively'

Meptid (meptazinol) is claimed to be the first "selective" analgesic available in Britain.

The drug has been used in injectable form in hospitals for almost a year — mainly in obstetrics.

Trials with the oral form involved 3,000 patients and the drug is the subject of a study by the Royal College of General Practitioners Medicines Surveillance Organisation.

Meptid is indicated for short term treatment of mild to moderate pain (for data sheet see *Prescription Specialities* last week). In double blind studies 200mg meptazinol showed analgesic efficacy equivalent to dextropropoxyphene 65mg plus paracetamol 650mg. However, Wyeth say patients and doctors preferred Meptid.

Side effects are principally nausea, dizziness, and vomiting occurring with an incidence of 9 per cent — not significantly different from placebo, say Wyeth.

Meptid is claimed to cause less constipation than other opioids. Psychomotor side effects and addiction potential are thought to be low.

Meptazinol is metabolised mainly by conjugation (glucuronidation), an advantage for the elderly and neonates. In neonates the glucuronidation pathway is well developed and the drug's half-life is two-and-a-half hours compared to 21 to 27 hours for pethidine. Wyeth say studies in the elderly show no significant drug accumulation.

Meptid was co-administered with 150 other medications without adverse reaction. The low protein binding (27 per cent) minimises interaction with highly-bound drugs such as warfarin. The drug does not appear to potentiate alcohol and may well act as its own antidote as it causes vomiting in high doses.

Meptazinol is an opioid drug with partial agonist activity. Professor Garvill Pasternak, professor of neurology and pharmacology at Cornell University Medical College, USA, told a Press conference that meptazinol binds selectively to so called "Mu1" receptors in the brain of animals.

Mu1 receptors seem to be important in pain relief, to provide analgesia without adverse central effects, Professor Pasternak said.

Evidence from animal models suggests there are five opioid receptor types and subtypes including: Mu1; Mu2; kappa; delta, and sigma. The differing pharmacological profiles of centrally-acting analgesics may therefore reflect their differing affinities for these individual receptors, Professor Pasternak explained.

Meptazinol is able to interact with the other opioid receptor subtypes at sufficiently high dose but possesses a relative selectivity for Mu1, Professor Pasternak said.

Meptid which has taken 15 years and about £10 million to develop, is now to be promoted in its oral form for use by general practitioners. *Wyeth Laboratories, Huntercombe Lane South, Taplow, Maidenhead, Berks.*

'Dead' space danger

Transfer to U100 insulin syringes with significant "dead" space may lead to errors in dosage and hypoglycaemic episodes, according to a short report in last week's *British Medical Journal*.

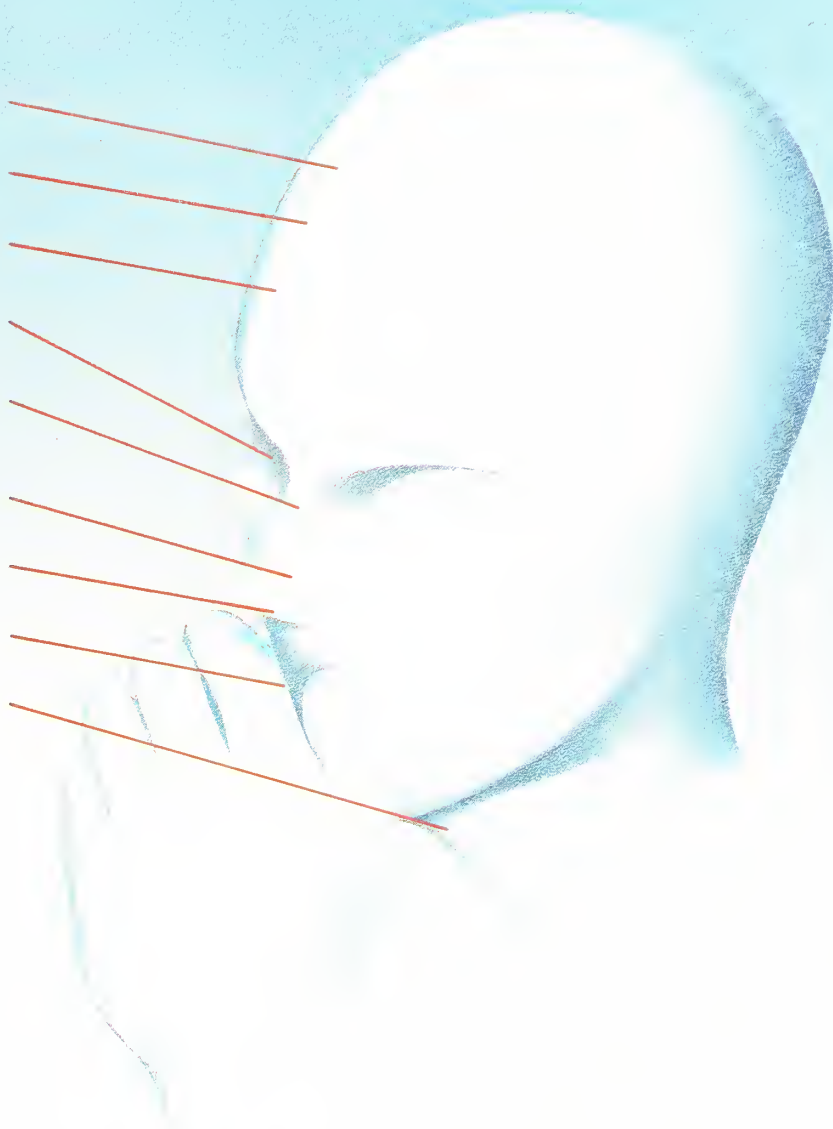
"Dead" space in two glass U100 syringes was found to be equivalent to five units of insulin. A patient prescribed 10 units of one type and 20 units of a second type of insulin would, using such a syringe, draw up 15 units of the first and 20 units of the second; one would inject approximately 13.5 units of the first and 16.5 units of the second, says the report. The inaccuracy could certainly cause an hypoglycaemia episode, it concludes.

BRIEFS

Noctec unmarked and pointed: Noctec capsules are now unmarked and more pointed in shape. *E.R. Squibb & Sons Ltd, Reeds Lane, Moreton, Merseyside L46 1QW.*

Plastic containers for ICI: ICI pharmaceuticals division have started packing tablets and capsules (other than in calendar strips) in square plastic containers instead of aluminium tubes. Quantities per container are unchanged. *ICI plc, pharmaceuticals division, Alderley House, Alderley Park, Macclesfield, Cheshire SK10 4TF.*

Fever
Headache
Aches and pains
Watery eyes
Nasal and
sinus congestion
Sneezing
Runny nose
Cough
Sore throat



A unique package of symptoms demands a unique package of relief

New Comtrex is a breakthrough from Bristol-Myers, one of the world's top ten pharmaceutical companies.

Comtrex is formulated to relieve all the major symptoms of coughs and colds and will receive full television advertising support.

Comtrex contains paracetamol to reduce headache, pain and fever, phenylpropanolamine HCl to clear sinuses and nasal passages and chlorpheniramine maleate which relieves sneezing and a runny nose with minimal sedative and gastro-intestinal side-effects.

With the highly effective antitussive, dextromethorphan HBr (selected as an alternative to codeine to reduce the risk of sedation), the Comtrex tablet adds up to a unique package of daytime relief. But Comtrex is also available in capsule and liquid form to suit your customers' needs at any time - day or night.



NEW
COMTREX*



BRISTOL-MYERS PHARMACARE*

Bristol-Myers Pharmacare, Bristol-Myers Pharmaceuticals, a division of Bristol-Myers Co., Ltd., Station Road, Langley Slough SL3 6EB. *Trademark. Authorised User Bristol-Myers Co., Ltd. © 1983 Bristol-Myers Co., Ltd. COM 02



The cost of living has never looked so good.

Human insulin has always been seen as an outstandingly pure¹, less immunogenic form of insulin², than that which comes from the pancreas of pigs and cattle.

It has, however, been seen as expensive.

In fact, Humulin costs less than

the most widely prescribed porcine insulins.

The price? Just £6.44 for 100 i.u.

You see, Humulin uses genetic engineering and the techniques of recombinant DNA technology as the method of manufacture.

Which means it's entirely

independent of pork and beef prices.

Thus, it can be produced economically, and in large quantities for years to come.

Humulin
Human Insulin (crb)

THE HUMAN WAY TO TREAT DIABETES

Humulin

Human Insulin (crb)

'HUMULIN'S' ▼ 'HUMULIN'I' ▼
'HUMULIN'Zn ▼ Human insulin (crb)

Presentation: Humulin S: A sterile, aqueous solution of human insulin (crb), 40, 80 and 100 IU/ml. Humulin I: A sterile suspension of isophane human insulin (crb), 40, 80 and 100 IU/ml. Humulin Zn: A sterile suspension of crystalline human insulin (crb), 100 IU/ml. **Uses:** For the treatment of insulin-dependent diabetics.

Dosage and Administration: The dosage should be determined by the physician, according to the requirements of the patient. Humulin S may be administered by subcutaneous, intramuscular or intravenous injection. Humulin I and Humulin Zn should be administered by subcutaneous or intramuscular injection only. Humulin S may be administered in combination with Humulin I or Humulin Zn as required. Humulin I and Zn: Rotate vial in palm of hands before use to re-suspend.

Mixing of insulins: The shorter-acting insulin should be drawn into the syringe first, to prevent contamination of the vial by the longer-acting preparation. It is advisable to inject immediately after mixing. **Contra-indications, Warnings, etc. Contra-indications:** Hypoglycaemia. Under no circumstances should Humulin I or Humulin Zn be given intravenously. **Precautions:** Usage in pregnancy: Insulin requirements usually fall during the first trimester and increase during the second and third trimesters. **Transferring from other insulins:** A small number of patients transferring from insulins of animal origin may require a reduced dosage, especially if they are very tightly controlled and bordering on hypoglycaemia. The risk of hypoglycaemia can be considered minimal if the daily dosage is less than 40 IU. Insulin-resistant patients receiving more than 100 IU daily should be referred to hospital for transfer. **Side effects:** Lipodystrophy, insulin resistance and hyper-sensitivity have rarely been reported. **Legal Category:** P

Package Quantities: 10ml glass vials in packs of 5. **Price:** Humulin S: 40 IU/ml £2.70, 80 IU/ml £5.40, 100 IU/ml £6.44. Humulin I: 40 IU/ml £2.70, 80 IU/ml £5.40, 100 IU/ml £6.44. Humulin Zn: 100 IU/ml £6.44.

Product Licence Numbers:

Humulin S 40 IU/ml 0006/0163
Humulin S 80 IU/ml 0006/0164
Humulin S 100 IU/ml 0006/0165
Humulin I 40 IU/ml 0006/0166
Humulin I 80 IU/ml 0006/0167
Humulin I 100 IU/ml 0006/0168
Humulin Zn 100 IU/ml 0006/0179

Date of preparation: December 1983. **Full Prescribing Information**

Available From: Eli Lilly and Company Limited, Kingsclere Road, Basingstoke, Hampshire, RG21 2XA. Or from: Eli Lilly and Company Limited, 5 Percy Place, Dublin 4. Telephone: 680 179.

'HUMULIN' is a trade mark.
HU69 Dec '83
1. Johnson I. S., Diabetes Care 1982, Vol. 5, Suppl. 2, 4-12.
2. Fineberg, S.E. et al (Indianapolis), Diabetes May 1983, 32, Suppl. 1, 3A.



COUNTERPOINTS

Numark push on TV-am

A national television advertising campaign for Numark breaks in February on TV-am. Timed to coincide with the monthly national promotion, the campaign commences February 13 with two fixed timed spots at 7.55am and again 8.10am.

Costing in excess of £100,000 the campaign will be in addition to the usual monthly national Press and magazine advertising. The 20-second commercial will be screened at least 20 times during the month.

The Numark logo opens the commercial, filling the screen and spinning round to depict the February range of brands on promotion. Individual products featured include Timotei shampoo, Colgate Dental Cream, and Steradent new minty tablets and deep clean tablets.

The Numark family, a mother and father with their two children which is also featured in Numark's national Press advertising then spins onto the screen and, finally the Numark logo spins again with the slogan "Saves You Money" underneath.

The Numark jingle, used in Numark's regional television commercials is used as background music to the voice over which says, "What do you see in the Numark sign? A wide range of top brands. All names that you know and trust at prices that save you money. Look into your Numark chemist for all this and friendly service for all the family. That's the mark of a Numark shop."

Further TV-am campaigns are planned for April and October. *Independent Chemists Marketing Ltd, 51 Boreham Road, Warminster BA12 9JU.*

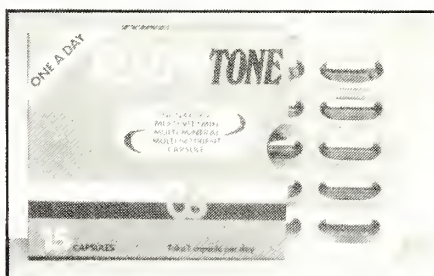
ICML in February

Independent Chemists Marketing Ltd are offering members the "AA Book of British Birds" (worth £10.95) free with every £100 worth of assorted Nucross surgical dressings ordered during February.

At the same time consumer savings are available on Nusoft one way nappy liners, liquid soap, Nucross glucose, Lotus nail polish remover and cold cream, Nuhome antiseptic, washing-up liquid and fabric softener & conditioner. Hanx tissues, Nusoft 150 tissues, twin-pack kitchen towels, Sunpure orange and grapefruit juice, Nuhome all purpose cloths, floor & wall cleaner and foil; Nuhome cream cleanser,

pine disinfectant and bleach, and Nusoft twin-pack toilet rolls

Bonuses are also offered on Nucross kaolin & morphine mix 200ml, aspirin 100s and aspirin soluble 100s, surgical spirit 200ml, mag. trisil mix, glycerin lemon & honey 200ml, codeine linctus, hydrogen peroxide 20v, paracetamol 50s, witch hazel 100ml, zinc oxide plasters and Sunpure vitamins, dietary supplements and healthfoods. The whole range of NPA prescription, counter, carrier and polythene bags also carry bonus offers. *Independent Chemists Marketing Ltd, 51 Boreham Road, Warminster, Wilts BA12 9JU.*



Healthitone vitamin capsules have been repackaged in two sizes — a month's supply (30 capsules £2.49 rsp) and the new introductory pack (15 capsules £1.39). The capsules are available in display outers (£17.30 trade for the 12-pack 30-capsule outer; £14.48 trade for the 18-pack, 15-capsule outer — prices ex-VAT). *Dietary Specialties Ltd, 159 Mortlake Road, Kew, Richmond, Surrey TW9 4AW.*

For Luride read Fluorigard

Fluorigard is the new name for Luride, Colgate Hoyt's range of standardised sodium fluoride products.

The range comprises a dental rinse, 0.5mg and 1mg sodium fluoride tablets, and paediatric sodium fluoride drops.

Point Two sodium fluoride dental rinse is now supplied in 150ml bottles which retail at the price of the former 120ml bottle (£1.35).

Colgate Hoyt Professional Dental Service, division of Colgate-Palmolive Ltd, 76 Oxford Street, London W1A 1EN

Twice the size

A double size mattress cover (£1.57) is now available in the Unichem incontinence range. *Unichem Ltd, Unichem House, Cox Lane, Chessington, Surrey KT9 1SN*



Crunch 'n Slim update gives broader appeal

Capitalising on the interest for dietary fibre Crookes are changing the emphasis of the Crunch 'n Slim range of slimming products. Two new varieties of food bars and a brand new product are now available. The most popular of the Crunch 'n Slim foodbars, sultana and hazelnut, now has extra fibre and a date and walnut flavour has been added to the range. Both products (£2.24) are packed 12 bars to the box and come in outers of 12.

A totally new product is Pâté Crunch



supported by a £400,000 advertising campaign. Comprising a 32g tub of liver pâté and three oatcakes all packed together in a tray with a handy spreader, Pâté Crunch contains only 230 calories. Three meals are contained in each box (£1.69). Says product manager Helen Miller "Pâté Crunch has a broader appeal beyond slimming aid users appealing to any health and weight-conscious adult."

Advertising will run in the women's Press from April through to November. Of the existing products in the Crunch 'n Slim range, honey and almonds and orange and raisin food bars will continue to be available. Crookes Products Ltd, 1 Thane Road West, Nottingham NG2 3AA.

Scents of time

Jardins de bagatelle is a new floral eau de toilette created by Jean-Paul Guerlain and inspired by a folly built by the Count d'Artois.

Ingredients include, rose, tuberose, gardenia, magnolia, absolute of orange blossom and woody base notes and the fragrance comes in 60ml and 100ml atomisers (£14 and £22) and 125ml and 250ml bottles (£20 and £35). Advertising will run from April through to June in *Vogue*, *Woman's Journal*, *Cosmopolitan*, *Company*, *Good Housekeeping*, *Options*, *Tatler* and *Harpers & Queen*. A pre-Christmas push is also planned. Guerlain Ltd, 22 Aintree Road, Perivale, Greenford, Middlesex.

The relaunched Wright's spring fresh soap (150g, £0.35). Both soap and pack have a fresh pale green colour and are in line with the recently relaunched Wright's original coal tar soap (C&D, August 6, last year). LRC Products Ltd, North Circular Road, London E4 8AQ.



Facelift for face packs

Thomas Christy are relaunching their face pack tubes. While formulations remain unchanged the product now comes in easy to use flexible tubes printed in bold colours. The different varieties are identified by their pack motifs.

The cucumber variety, available for some time in sachet form, has now been added to the tube range.

In all there are now five varieties: lanoline for normal and dry skin, strawberry for normal skin, oatmeal for a natural clear complexion, Lempak for oily skin and cucumber for normal to oily skin.

Each 60g tube (£0.89) is said to be sufficient for 5 applications and a counter tray is available holding six tubes of each variety. Thomas Christy Ltd, North Lane, Aldershot, Hants GU12 4QP.

Antihistamine from Intercare

Intercare Products have introduced Aller eze tablets (10, £1.10; 30, £2.49 rsp), a Pharmacy only antihistamine.

The white, uncoated, round tablets each contain 1.34mg clemastine hydrogen fumarate equivalent to 1mg clemastine base. The tablets are branded "A" with a break line on the reverse. They should be protected from light.

Aller eze has the same indications as other preparations of clemastine. The dose for adults and children over 12 years is one tablet night and morning. Children under 12 years should take half to one tablet night and morning according to age.

Intercare claim the drug does not cause drowsiness in 90 per cent of users. In cases where it occurs it is usually mild, decreasing or disappearing after two or three days. But patients should be warned not to take charge of vehicles or machinery until the effect in an individual has been assessed. Intercare Products Ltd, Fishponds Road, Wokingham, Berkshire RG11 2QD.

On the move

The Philishave pocket portable HP 1208 battery shaver (£12.95) is for the "man on the move". The streamlined shaver has two floating heads and can run for four weeks on three penlight batteries. Philips Small Appliances, Drury Lane, Hastings.

Chemist & Druggist 4 February 1984

The big advantage of electric storage heaters.

They're small.

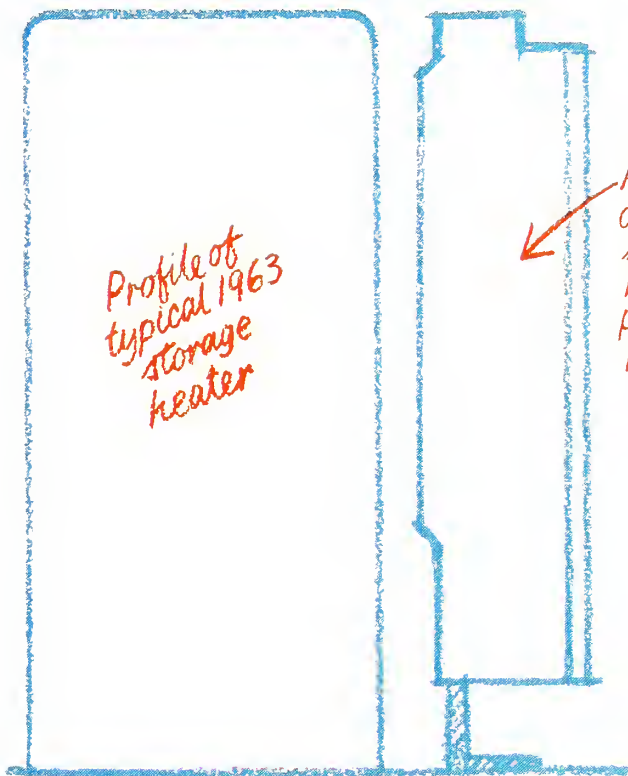
As a result of using the new thermal blocks and improved, more compact insulation, storage heaters are far slimmer than before (some less than 6" in depth).

Yet performance and efficiency remain as high as ever.

The thermal blocks inside the storage heater have been designed to have a higher heating capacity than before, and today's storage heaters can maintain comfortable temperatures at all times of the day.

BUT YOU'RE NOT SERIOUSLY GOING TO TELL ME THEY'RE ECONOMICAL?

Compared with other heating systems, they often have lower capital, installation and maintenance costs. With little more than a simple wiring job needed, installation is fast too.



matic controls, together with good building insulation, ensure efficient operation.

Something else worth bearing in mind: electric heating is clean and safe, and electric heaters tend to have a long life, with little maintenance.

As more and more people are finding out.

Wall hugging storage heater - economical to buy and run

THAT'S ALL VERY WELL, BUT SURELY THE RUNNING COSTS ARE TOO HIGH?

That's the common misconception – but, using low-cost night-rate electricity, storage heaters can easily cost as little as other heating methods, in many cases even less.

Improved features such as auto-

More answers

There are many more answers about electric heating where these came from.

So send us the coupon or give us a call: Freefone Build Electric. Post to: Electricity Publications, PO Box 2, Feltham, Middlesex TW14 0TG.

I would like more answers on Storage Heaters from these manufacturers:

Creda **Dimplex** **Unidare**

Name: _____

Address: _____

Position in Company: _____

PLANELECTRIC
The Electricity Council, England and Wales

CD 895

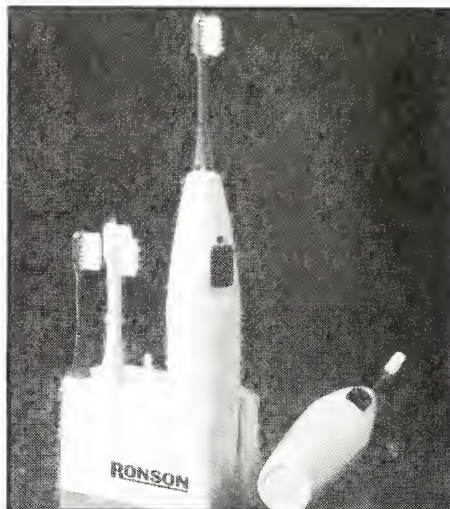
A rose by any other name

Jovan are launching a rose promotion which they hope will enhance the Andron image as a fragrance which is "romantic, sensual and created to attract." A single red rose will be sent free to the consumer's chosen recipient in return for two proofs of purchase of Andron and two of the rose offer cards included in-pack.



Jovan guarantee the rose will be delivered within seven days by post, safely packaged in a satin-lined gift box. Retail value of the gift is £6.50. The offer runs until the end of September and covers such occasions as Valentine's Day, Mother's Day as well as the usual round of birthdays and anniversaries. *Jovan, Beecham House, Great West Road, Brentford, Middx TW8 9BD*

Top prize in a promotion run by Milupa and Barclays Agencies was a £300 holiday voucher. Presenting this to Colm Quinn, MPSNI, (right) and Gerry McKenna, MPSNI, of McKenna and Quinn Chemists, Armagh, Northern Ireland, is Milupa area supervisor Barbara Urey (centre), Barclays Agencies sales representative Rosemary McGranaghan (right) and local Milupa representative Moira McKendry.



A battery operated toothbrush (£5.95) is the latest addition to the Ronson Universal range. It operates with two Ronson RB2 1.5 volt batteries, has four different coloured heads and comes with a twelve month guarantee. *Ronson Universal Ltd, Royal House, Sovereign Street, Leeds SL1 4BJ*

50 years: Worth remembering

Les Parfums Worth continue the 50th anniversary celebrations of Je Reviens with the offer of a jubilee atomiser for £6.95 (rsp £10.95) and 1 oz eau de cologne for £2.95 (rsp £3.75). Miss Worth 1 oz eau de parfum spray is offered at £3.95 (rsp £5.95).

Offers on men's fragrances include Monsieur Worth 1 3/4 oz aftershave atomiser £3.50 (rsp £4.25), and an introductory price for Worth Pour Homme aftershave spray (30ml, £3.95). The offers are open until March 31. *Worth Perfumes Ltd, Magnolia House, 160 Thames Road, London W4 3RG.*

Insecticide in a pump spray

Sherley's have launched an insecticidal pump spray (150ml, £1.50) designed for use with cats, many of which are frightened by the "hiss" of an aerosol.

Insecticides in the pump spray are pyrethrum and piperonyl butoxide reformulated for pump spray application. *Ashe Laboratories Ltd, Ashtree Works, Kingston Road, Leatherhead, Surrey KT22 7JZ.*

Short and curly

The Philips Finesse slim tong HP4428 (£4.99) has a narrow 9mm barrel facilitating use on particularly short hair as well as providing tight curls in longer hair. *Philips Small Appliances, Drury Lane, Hastings, Sussex.*

ON TV NEXT WEEK

Ln London	WW Wales & West	We Westward
M Midlands	So South	B Border
Lc Lancs	NE North-east	G Grampian
Y Yorkshire	A Anglia	E Eireann
Sc Scotland	U Ulster	CI Channel Is
Bt Breakfast Television		C4 Channel 4

Albion soap:	Ln,M,A
Algipan rub:	M,U
Anadin:	All areas
Arriad for Men:	So, C4
Biactol:	All areas
Cabdrivers cough linctus:	M,Y
Complan:	All except A,M
Coldcare:	All except WW,So
Crookes One-a-day:	All except CI
Farley's rusks:	All areas
Fennings little healers:	Lc
Feverscan:	So
Glints:	So, Ln, C4
Hedex:	All areas
Karvol capsules:	All areas
Nurofen:	All except CI
Oil of Ulay:	Lc,Y,Sc,WW,NE,A,We
Oz kettle descaler & bath cleaner:	Ln,So,A
Peaudouce:	C4 (Sc)
Ralgex:	M,Lc,Sc
Redoxon multi-vitamins:	Lc,Sc,So
Robitussin:	Y
Sanatogen:	All areas, C4
Sebamid:	So
Strepsils:	All areas
Simple soap & skincare:	M,A,U,Bt,C4(Ln)
Sinutab:	All areas
Supersoft Once:	All areas
Tixylix:	All except U,CI
Tramil:	Lc,A,So
Vapo-lem:	Y
Vaseline intensive care:	All areas, C4

TV
STARTS
5th MARCH

NIGHT SAFE



Now bigger profits than ever with a £2 million TV campaign.

You already make more out of Sensodyne than any other toothpaste brand. Now we're spending £2 million on National TV to boost sales even further. Sensodyne is the only proven formula for sensitive teeth that's recommended by nearly every dentist in Britain. You know that Sensodyne's unique trusted formula WORKS. You know that the proven formula of Sensodyne plus TV

advertising SELLS. So you can be sure this year's massive TV campaign will give you even more PROFITS.

Order now. The campaign starts 5th March. Make sure you stock and display both fresh Mint and Original Sensodyne.

Ask your Stafford-Miller representative for details of special terms. Or contact us direct on Hatfield 61151.

SENSODYNE TOOTHPASTE

YOUR No.1 PROFIT-MAKING BRAND

Stafford-Miller Limited, Hatfield, Herts. AL10 0NZ.

Sweetex Plus: for the weight-conscious

Sweetex Plus is the Crookes answer to Canderel and Hermetas Gold. Containing acesulfame K, the new sweetener has been developed to capitalise "on the availability of new, better tasting sweeteners."

A test market of the new sweetener was undertaken in the Channel Isles as aspartame and acesulfame K were not recognised sweetening compounds in the UK until the law was amended in September last year (*C&D*, August 20, p306 and August 27, p348). Research, the company says, found acesulfame K marketed under the Sweetex name to be the best combination.



Packaging comprises a 100 one-by-one dispenser (£0.79) on a blister card — 30 per cent of sweeteners sold come in single tablet dispensers. Canderel containing aspartame retails for £1.19 for 100 and Hermetas Gold containing acesulfame K for £0.89.

Usage of sweeteners by adults have remained static at 13 per cent for a number of years say Crookes yet during this same period awareness of the dangers of excessive sugar consumption has resulted in a fall from 71 per cent to 60 per cent in adult usage of sugar. Sweetener manufacturers, they believe, were unable to take advantage of this swing away from sugar because of consumer disappointment with the taste of saccharin and a consequent reluctance to accept it as a viable alternative.

The target market for Sweetex Plus is the weight-conscious sugar user, two-thirds of whom are lapsed sweetener users. And with the advent of premium-priced products, Crookes anticipate the market will grow to £25-£30m over the next two years; it is currently worth £14m with Sweetex taking a 34 per cent value share. A £½m television advertising campaign will break in April to support Sweetex Plus and a further £1½m will support the Sweetex range throughout the year. *Crookes Products, 1 Thane Road West, Nottingham NG2 3NN.*

Fragrance lines expanded

Woods of Windsor are extending their ladies product range to include single fragrance packs of six bath cubes (£1.50) in lily of the valley, honeysuckle, lavender and wild rose.

Four additions to the gentlemen's range are: brass-plated razors in a presentation box (£6.50), creamy shaving foam (100g £2.50), spray deodorant (150g £2.50) and a miniature travel collection (£4.50). The travel collection comprises six miniatures of soap, shampoo, bath and shower gel, cologne, aftershave and talc in a drawstring acetate bag.

For the home honeysuckle and lily of the valley fragrances are now available in drawer sachets. Prices as rest of sachet range.

Vaporising room fragrances are another new addition. To work a metal ring should be placed onto the standard light bulb and two of three drops of vapourising oil poured into the channel of the ring. The heat emanating from the light bulb gradually releases the perfume — lavender, rosebuds, cinnamon or orange pot-pourri — into the air. The oils cost £1.70 per bottle, while the metal rings are £1, and room sprays have been reduced to £2. *Woods of Windsor, Queen Charlotte Street, Windsor, Berks.*

During February and March, 250g packs of All Clear will carry a free banded offer of a 50ml tube of SR or Signal toothpaste, which normally retail at around £0.38. *Elida Gibbs Ltd, PO Box 1DY, Hesketh House, Portman Square, London W1A 1DY.*



Lancôme note the key colours

Two "looks" for Spring from Lancôme have a musical theme. Opus one comprises a dramatic navy grey shadow with dark blue, and the newest white kohl, complemented by true red for lips and nails for evening and nude peach for daytime wear. In opus two there are electric blue shadows emphasised with bright and pale blue kohl. Lips and nails are in bright pink, or semi-transparent redcurrant lips for a more natural "look." To complete both "looks" there is a new, light-beige foundation, tawny pink blusher, bright blue mascara and poppy red lip-liner. Prices range from £2.65 for a brilliant satin lipstick to £6.95 for duo satin shadows. *Lancôme (England) Ltd, 14 Grosvenor Street, London W1X 0AQ.*

Ad campaign for Oil of Ulay

Oil of Ulay is being advertised nationally on TV and in the women's Press until June.

Over £1m is to be spent on television advertisements with subject titles including "meeting on a train" and "secret cove." The commercials will be featured in three and four week bursts with a separate run on Channel 4 for a product application commercial.

In the women's Press a £140,000 campaign will run in *Good Housekeeping*, *Cosmopolitan* and *Family Circle*. The "Well kept secret" advertisement will run alongside a new one entitled "Conch shell." *Richardson Vicks Ltd, Rusham Park, Whitehall Lane, Egham, Surrey.*

Jess goes national

The national launch of Jess toothbrushes comes after a seven month test market, in around 200 stores and six wholesalers.

The toothbrushes (£0.29) will be supported by POS floor and counter stands and a dump bin. The floor unit has four shelves while the counter unit holds six packs of two dozen brushes.

Advertising in women's magazines will take place around July or August with the slogan "Give plaque the brush off." *G.B. Products Ltd, Birmingham Road, Blakedown, Kidderminster.*

Chemist & Druggist 4 February 1984

An important announcement on head louse eradication

The EFFECTIVE alternative to lotions

* Suleo-C shampoo contains carbaryl - the only human insecticide without a single reported case of louse resistance

* Suleo-C shampoo is an effective pleasant-to-use alternative when lotions are not tolerated

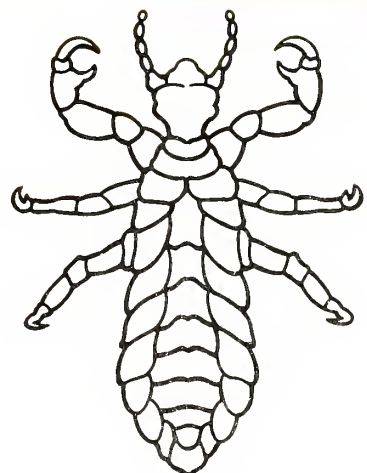
Carbaryl is a potent insecticide. You can help to retain its efficacy by -

- ensuring that users read the instructions inside every pack, since incorrect use of insecticides may encourage resistant strains
- storing Suleo-C shampoo away from heat



SULEO-C shampoo


with carbaryl 0.5% w/w



Pleasant to use for all the family

Another guaranteed product from International Laboratories, Wilsom Road, Alton, Hants GU34 2TJ

Some people need more than a trace of zinc



Most people get enough zinc; traces of it in the normal diet are enough for day-to-day requirements. But some people do not eat a normal diet and they are at risk of zinc deficiency. And as zinc is lost in sweat, people who exercise heavily need more than the rest of us and may also be deficient.¹ As zinc is important for muscle strength, endurance and tissue healing², supplementation may be vital.

Until now zinc supplements have had one drawback – they were associated with a high incidence of gastrointestinal side effects. New Solvazinc is a soluble tablet which has virtually eliminated this problem. You can recommend Solvazinc with confidence.

AVAILABLE THROUGH
PHARMACIES ONLY



Solvazinc^R The ideal zinc supplement

Further information is available from: Thames Laboratories Limited, Thames Building, 206 Upper Richmond Road West, London SW14 8AH. Telephone: 01-876-1316. References: 1. Harlambre, G. (1981) *Int.J.Sports.Med.* 2: 135. 2. Krotkiewski, M. et al., (1982) *Acta Physiol.Scand.*, 116: 309.

Find out more about zinc.

Send for the Zinc Information File now. Just fill in the coupon and post to Zinc Information File, Thames Laboratories Ltd., Thames Building, 206 Upper Richmond Road West, London SW14 8AH. Please send me my copy of the Zinc Information File.

Name _____

Pharmacy stamp _____

Thames Laboratories Ltd.

PERFORMANCE WISE...

Lotussin gives effective relief for persistent, dry or irritating coughs.



PRICE WISE...

Lotussin is attractive to the customer at £1.29 per 100 ml pack.



PROFIT WISE...

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Between two stools

I would like to thank the NPA for its contribution to the future of pharmacy. I refer to the much-vaunted PR campaign, designed to tell the Great British public how helpful and knowledgeable (and accessible) we are for free advice, etc. Now we learn the campaign is to be hotted up (no doubt at even greater expense) to cover TV promotion.

Thanks to the current campaign, I now spend my time running back and forth between the assistant who's training to use the PSGB obligatory label printer, and the aforesaid GBP — who feel free to drag me out front for a little chat about all sorts of things.

Could nylon socks be the cause of little Jeremy's smelly feet? Will caustic soda kill the roots of an old tree stump? How about gentian violet for dyeing a punk's hair purple?

I am now considered so knowledgeable (and accessible) that, in the recent inclement weather, my "patients" haven't even bothered to come in to see me — I am now expected to "diagnose" over the phone, suggesting simple home remedies, to save the caller getting out his car to drive to my pharmacy.

My favourite NPA convert is Mr G, who calls me at least once a day for a free consultation on his bowel problems. I now share with him the details of his diary, with daily reports on the frequency, consistency, colour and odour of his stools.

There is no doubt about it, I am educating Mr G (I can't tell you what he called his motions before I taught him to say "stools").

If the NPA campaign is anything to go by, then I sincerely hope David Sharpe's excursion into this fashionable (and expensive) field, will result in people like Mr

LETTERS

G passing the hat around, in an effort to provide us with a decent reward for our labours.

I doubt it!

Peter Bebbington
Wolverhampton.

Figuratively speaking

In your "Company Outlook" on Smith and Nephew (January 14), Mr Graham Siddle made a comment about Elida Gibbs Vivas "slipping" in the latter half of 1983, and allowing Limara into the number two slot in the burgeoning bodyspray market.

It is natural to try to present one's own product in the most favourable light in this kind of interview, but in this case Mr Siddle seems to have been rather selective in his data source, which he did not name.

AGB consumer panel data are amongst the most widely accepted in the industry, and give a significantly different view. On the TCPI panel at no time during 1983 has Limara's share exceeded Vivas. On the Market Track panel the shares fluctuate rather a lot from one bi-monthly period to another.

Of the five periods so far available for 1983 Limara has been larger than Vivas only two (non-consecutive) times. I can find no share figures that bring Limara anywhere near the 22 per cent mark mentioned by Mr Siddle.

As Vivas has a complementary role to Impulse, I think that as far as bodysprays are concerned, it is a case of "Elida Gibbs first, all others last."

Roger W. Penny
Marketing Manager,
Elida Gibbs.

Smith & Nephew say the figure quoted comes from SDC data for the period September-October 1983 — Editor
More Letters overleaf

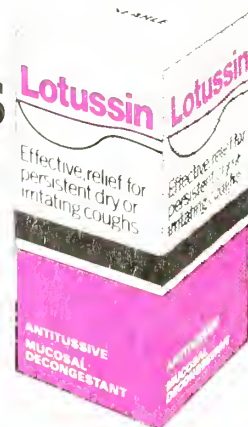
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More **Letters** on previous page

Double dose

I believe that an event in my pharmacy last week has a strong bearing on current discussions over the advertising to the public of ibuprofen products.

A lady came in to buy Nurofen, which she said was the only thing for her pain — two, three or four times a day. She had marked signs of arthritis so I asked if she received anything from the doctor. The reply was that she took Brufen 400 four times daily! I rang her doctor and hope that as a result she will have a blood test in a matter of days — she has apparently been taking this dose for months.

I supervised this Nurofen sale, but someone, somewhere else, didn't. So may I suggest advertising of POM to P products should have compulsory final line, commanding the prospective patient to "talk to the pharmacist about your treatment first!"

This potentially dangerous situation arises presumably because Boots wanted to advertise over-the-counter ibuprofen while maintaining NHS prescriptions for Brufen. I think it was a mistake, when Brufen was already a household word, and suggest Boots would have done better to capitalise on it by deals and incentives with the pharmacist ensuring the competition would have to spend a fortune to get a share of the market.

Boots should remember they are selling a potent and potentially dangerous product, whose sale needs a professional input. It also needs a professional fee as part of the transaction: not the insulting margin appropriate to self-selection toiletries.

K.C. Sims

Poole, Dorset.

Hot potatoes

At a Tory party supper in North Derbyshire on January 27, the guest speaker was the Minister of Health, Kenneth Clarke, MP.

A pharmacist, Keith Jenkins, MPS, asked the Minister whether he appreciated that it was costing the tax payer an extra £700 per annum more for a doctor to dispense a thousand prescriptions, at an average ingredient cost of £3.50, than if the same number were to be dispensed by a pharmacist. From these figures it could be calculated that doctor dispensing cost the tax payer up to £40m per annum. Was the Minister aware of this, and would he ensure that these savings were effected in future?

In reply, Mr Clarke stated he was aware of doctor dispensing and the negotiations which had resulted in the Clothier

agreement. And, although he appreciated that a minority on both sides were opposed to that agreement, because a settlement had been reached he did not intend to interfere with it.

In reply to Mr Jenkins' suggestion that it was wrong for all six doctor members of the Clothier committee to have a financial interest in dispensing, the Minister felt that this was a matter for the two professions to sort out among themselves.

David Hoyle

Buxton.

Overall search

I wonder if other readers experience the same problems as ourselves when ordering white overalls? We have repeatedly ordered overalls of various sizes from manufacturers and invariably find that they cannot supply the small sizes, and that the sizes they do send bear little relation to conventional dress sizes. Two months ago we placed an order for overalls and have only just received the bulk of it.

We would be pleased to hear if any satisfied readers could let us have the names and addresses of companies which offer a fast and efficient service which includes modern styles and sizing.

The Staff

Richardsons Chemists, Weston Favell Health Centre, Northampton.

Face the facts

Your editorial comment of January 21 might glibly gloss over the difficulties of implementing Mr Tanna's resolution. The Council admits it is in sympathy, but whether we like it or not, or whether there is a different Council or not, these difficulties remain and must be faced coolly, devoid of boosted rhetoric.

First there is Parliament. This august body is the final arbiter, and though we as pharmacists consider we have a good case, Parliament does not necessarily accept things brought forward by interested bodies, especially as what is being asked is a virtual monopoly in the pharmaceutical business world.

Again this Government is all set for free and open competition. Some of Mr Tanna's aims might be achieved through the planned distribution of pharmacies, but governments up to the present have shown scant sympathy in this direction. Again MPs are conscious that we are in a consumerism era and they are also somewhat anti-professional. They are not keen on what could be considered against consumer or public interest or convenience.

Can we take the remarks made by Mr

Tanna's supporters that "Boots are all right," and that a pharmacist can have three pharmacies? Many pharmacists have for financial reasons turned themselves into companies. How can these legally be differentiated from the new entrants into commercial pharmacy who set out to maintain the highest standards?

Again, the Society has to look to the interest of employee pharmacists. Many see a career structure, good holidays, pensions and other benefits and have no desire to become owners of pharmacies.

So, Mr Editor the problem is a complex one, there are other difficulties as well, which are not going to be solved in five minutes. I trust your readers will give some thought to the issue and perhaps through your columns give views and ideas on how the problems can be overcome. Perhaps one idea might be a "cut off" date, but again that would mean Parliament. I wish Mr Tanna well and success but let us get down to fundamentals in making progress.

Mervyn Madge

Plymouth

Can Mr Madge really have read our comment? Not only did we draw attention to some of the same problems, but we challenged Council candidates standing on Mr Tanna's "platform" to say how they would achieve their objectives — Editor.

We too

With reference to the report "Wholesalers beat the snow" (January 28) it seems to me that Vestric, Unichem, Macarthys and Hall Forsters are the only wholesalers in the frozen North. I will assure you they are not.

I work for Ridley (Wholesale Chemists) Ltd and we cover most of the area that has been snow-bound — probably a bit more. We service retail pharmacies and veterinary practices, most of them getting a twice daily service, and apart from one or two days in the past 10 years our drivers always seems to have got through. They do not profess to be "superhuman", they just do their jobs.

I only wish Mrs Thatcher and Mr Fowler could have been on the 8am van on Monday January 23: they may then have realised what rural wholesaling and rural retail pharmacy are all about.

A. F. Dawson

Numark manager

Ridley (Wholesale Chemists) Ltd Carlisle

Sorry we couldn't phone every wholesaler and depot in our "straw poll", but we're sure customers in the areas concerned know how much effort has been put in by their suppliers — Editor.

More **Letters** on p222

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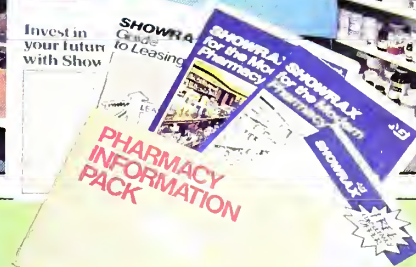
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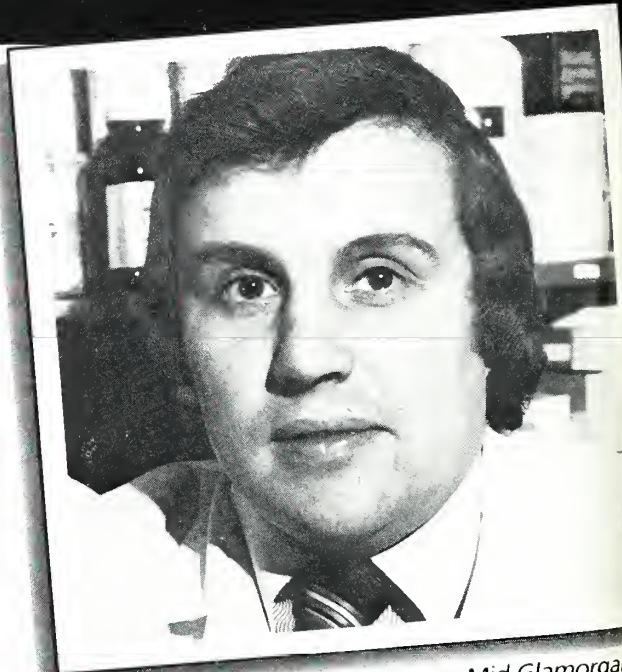
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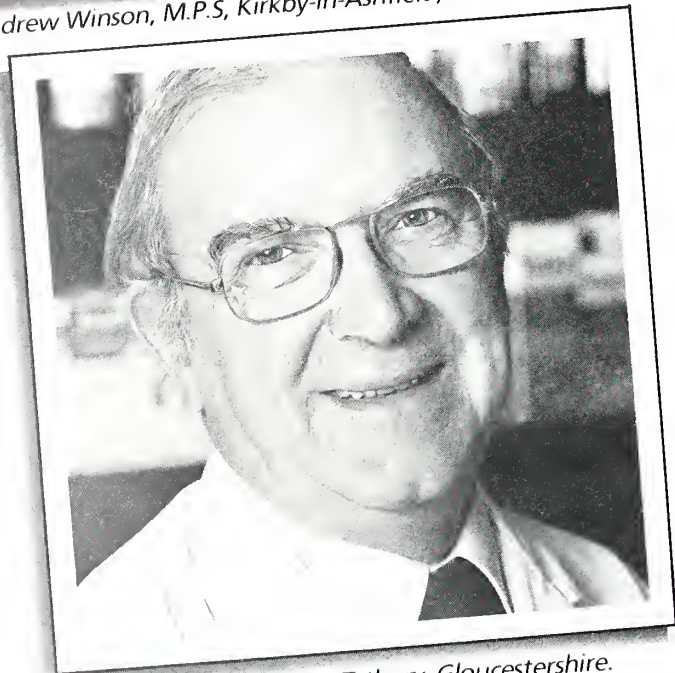
Tenye independence



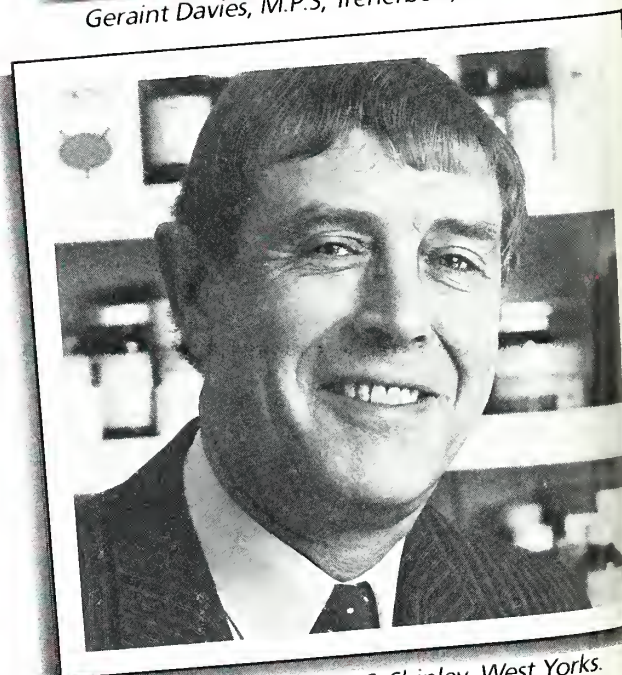
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More **Letters** on p218

Don't moan if you don't vote

The time has come for some fundamental changes in direction in the manner in which this profession is run. At present it seems we are run by a Society whose leadership is elected by only about 30 per cent of its members, and whose main use of power seems to be directed inwardly against its own members. In an outward direction it does not appear capable of blowing a hole in a paper bag.

The Council's views, it is frequently held, are non-representative of the majority of members' views. I will go along with that. But if only three out of every ten of us bother to elect them, they are evermore likely to be unrepresentative. I have heard many excuses for not voting over the years. The most common ones are (a) it doesn't make any difference who gets in — nothing is ever achieved for us; (b) I really do not know from those manifestos who I am voting for, and (c) I do not understand the STV system of voting.

To (a) I would say, historically you are probably right, though so long as only 30 per cent of you vote, then probably nothing will ever change — because by and large I suspect it is the same 30 per cent who vote every year.

To (b) I would say that I think the official attitude of limiting in the Society's publications the opinions of declared candidates to one fixed piece with the voting papers, is a restriction on the dissemination of information and therefore tantamount to censorship. Personally, I feel that from the time of sending out of voting papers to the time of the election, all editors of all publications concerning pharmacy ought to consider it an obligation to publish all letters from prospective candidates.

Under no circumstances can it be argued that different financial circumstances from one candidate to another can influence the writing of a letter. The spin-off may be greater interest in the election and an increased number who vote.

To (c) I would say you are not alone. I'm not sure — even after having had it explained to me quite recently — how exactly the STV system achieves its objective, though I can see that one's first choice should score more "points" than one's seventh choice. Personally I would have thought that fact could have been achieved quite simply by giving seven points to one's first choice, six points to one's second choice and so on down to one point for one's seventh choice. The old 'X' system gave equal weighting to one's first and seventh choice, so I do not see the point of

returning to that.

However, being a devout fan of real democracy (ie rule by majority vote), a referendum on this issue should be binding on Council, if there is any suspicion that the STV system is a contributory reason to members not voting.

In conclusion, at the risk of paraphrasing Martin Luther King, I have a dream, a dream that one day the Society will be held in awe by Government, General Medical Council and whatever alike, because they will know that our leadership represents what the majority of our members feel, that over 75 per cent of our membership have voted for our leader and that our leaders know they have the backing of our members.

It is essential that in the coming election no-one who is going to bemoan his or her pharmaceutical predicament this year is foolish enough to dispatch his or her voting paper, unopened and unread into the nearest rubbish bin.

R.W. Poynter
Kenilworth, Warwickshire.

The columns of *C&D* have never been closed to Council candidates — even during the "closed" season. We have pointed out many times that the effect is to leave the candidates gagged on all issues current at the time of the election. However, Council asks them not to write to *any* pharmaceutical periodical after the closing date for nominations. Editor.

A way forward on ownership

I was most interested to read your encouraging leader regarding the "ownership motion" passed at the Society's special general meeting in October. In it, you pose a very pertinent question: how would potential Council members, committed to a reformation of pharmacy practice, set about the task of achieving "pharmaceutical ownership"? May I offer to your readers some of my own suggestions?

Initially it would be necessary for the elected supporters of "pharmaceutical ownership" to persuade their colleagues on Council to re-open the matter and then to adopt the principle of "pharmaceutical ownership" as Society policy.

Second, it would be necessary to show publicly, professional solidarity on the matter, since the first criticism an outsider would have is "Where is your mandate?" If a majority of Council members were elected on a "pharmaceutical ownership" ticket the solidarity would be obvious, but if not, then the Council might be forced to reconsider

the idea of a referendum in order to demonstrate a professional landslide in favour of the ownership concept.

Third, in order to develop sound arguments for "pharmaceutical ownership" it would be necessary to undertake a study of practice ownership, not only in our sister professions in Great Britain, but also into the practice of pharmacy in those overseas countries where "pharmaceutical ownership" is the norm. For example, we would need to look closely at professional practice in Europe, and also in places such as New Zealand and South Africa.

Fourth, Council would need to demonstrate clearly and unequivocally to the political parties that a move towards "pharmaceutical ownership" would be in the public interest, and in so doing, gain their political support. Such demonstration would be backed by the arguments developed previously. At the inception of the political initiatives we would need to be non-partisan, but we may well find that some political parties may be more sympathetic than others.

Fifth, and assuming all has gone well so far, we would need to draft or initiate suitable legislation to deal with the first steps. For example, this could take the form of a new Pharmacy Bill which limited the share capital of newly-formed private retail pharmacy companies to pharmacists. It could also require any future sales of private shareholdings in existing businesses to be restricted to pharmacists. Possible legislation could also perhaps restrict the expansionist tendencies of the public companies to their existing outlets.

Finally, we would need to develop and maintain ongoing justification for the changes, since it would always be necessary to move with the climate of public opinion and changing circumstances. After all, we are in our present predicament precisely because the law relating to the practice of pharmacy by companies was determined and fixed more than 100 years ago.

A mammoth task for Council perhaps? Possibly so, but with initiative and zeal the first faltering steps towards "the ideal" that Council speaks of could soon be taken.

Nicholas Wood
Blackmore, Essex.

Misrepresented

Xrayser is quite correct on homoeopathy. Individual treatment of the person and not the disease is its basis. The wholesale selling of publicised OTC remedies by named complaint confuses the public and traduces the good name of homoeopathy.

Mervyn Madge
Plymouth

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Vitamins: are they over-rated?

Dr A. Li Wan Po, from Aston University's department of pharmacy, looks at what vitamins can and can't do. He reviews current information and raises specific points which may be of interest to pharmacists advising patients.

What are vitamins?

A vitamin is an organic substance which the body requires in minute (mcg to mg per day) quantities for efficient metabolism and function. Deficiency leads to symptoms of ill-health. Thirteen substances are generally accepted as being vitamins (Table 1).

Solubility is often used as the basis for classifying vitamins. This is an appropriate choice since the solubility of the vitamins partly determines clinically important parameters such as potential for cumulation in body tissues, losses during cooking and sources of the vitamins.

The oil soluble vitamins are vitamins A, D, E and K, while the water soluble vitamins are C and the eight vitamins generally referred to as the B complex group. These are thiamine, riboflavin, nicotinic acid, pyridoxine, pantothenic acid, biotin, folic acid and cobalamin.

Much of the vitamins sold are consumed by patients for the relief of non-specific symptoms such as tiredness and general unease, improvement of physical and mental performances, or for the prophylaxis of disease such as the common cold. Within this category of usage falls the currently popular vitamin megadose therapy referred to as orthomolecular therapy. In orthodox medicine, vitamins are used for correction

of proven or suspected vitamin deficiencies, and more recently for the treatment of certain inborn errors of metabolism, an aspect which is considered later in the article.

Non-recognised vitamins

Vitamins have established themselves so well in the minds of people as health-promoting substances that any compound which can be described as a vitamin is bound to generate interest. This explains the origin of many of the non-recognised vitamins (Table 2). Some appear innocuous while others are definitely toxic.

Vitamin B₁₇: This substance, also known as laetrile, is obtained from peach and apricot kernels, and bitter almonds. Being cyanogenic, it is clearly potentially toxic. Recent interest has focussed on its claimed anti-cancer properties which have now been shown to be unfounded (see *C&D* February 26, 1983, p367).

Vitamin B₁₅: Vitamin B₁₅ or pangamic acid has also been isolated from apricot kernels. It is chemically poorly defined and proponents of its use claim, without much justification, that it is useful as a tissue oxygenator.

Vitamin P: Bioflavonoids such as rutin and troxerutin are sometimes referred to as vitamin P. Although there are some isolated reports on the usefulness of the rutinoids in the treatment of varicose veins and haemorrhoids, these substances cannot be regarded as vitamins.

Vitamin F: Mixtures of fatty acids including linoleic and linolenic acids are sometimes collectively called vitamin F. These fatty acids act as macronutrients and are therefore not vitamins.

Recent research

Vitamin E: Although discovered more than fifty years ago, defining its activity has been and still is slow. Tocopherol or vitamin E is now known to be an effective biological anti-oxidant. Cells within the body produce free radicals including the superoxide radicals by enzymic processes. Their unpaired electrons impart a high degree of reactivity to them. Not surprisingly therefore, they participate in a series of biological events including inflammation and bacterial inactivation by neutrophils.

However, some of their activity is also harmful. To ensure that the free radicals are inactivated soon after they have performed their useful biological functions, the body possesses a number of enzymic defence systems including catalase and superoxide dismutase. Vitamin E contributes to this free radical neutralisation process because being an antioxidant, it is more readily oxidised than the cellular membranes which it protects. Clinically vitamin E has been found to be useful not only where deficiency of the vitamin has been shown but also where defects in the body's defence systems against free oxidising radicals is known. Examples include hereditary haemolytic anaemia and leukocyte dysfunction due to enzymic deficiencies.

Vitamin E is clearly of clinical use. It is unfortunate that for most of the popular uses to which the vitamin has been put, few of the claimed benefits have been substantiated. So far there is no evidence that the vitamin delays ageing, acts as an aphrodisiac or enhances stamina.

Biotin: As with vitamin E, a significant portion of our knowledge about this vitamin of the B group has been gathered in recent years. Deficiency in humans was first induced over four decades ago by feeding

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large quantities of raw dehydrated egg-white to volunteers. It was known that the egg white contained avidin, a protein which bound strongly to biotin and prevented its absorption.

Deficiency symptoms, which included lassitude, hallucination and anorexia, were rapidly reversed by biotin supplementation. Subsequent experiments have shown that the vitamin is a component of various carboxylases which are essential in a number of major metabolic functions, thus providing the explanation for the observed effects of biotin deficiency. Few now doubt the biological importance of biotin. However, except for deficiency induced by excessive intake of raw eggs, biotin deficiency is extremely rare because of its wide distribution in everyday foods.

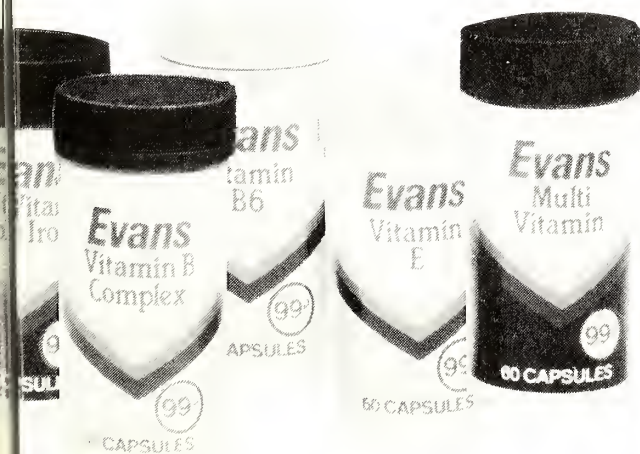
Vitamin toxicity and interactions

The concern of every pharmacist should be whether ingestion of vitamins can lead to any adverse effects. Vitamins are generally safe compounds and this is particularly so of the water soluble members. With vitamin C for example, doses which are several hundred times higher than the recommended daily dose have been taken without any ill-effects by numerous people for prolonged periods of time. Nonetheless, because gram doses of vitamin C increase oxalate excretion, there is a possibility that intake of such high doses may lead to stone formation.

In the presence of inborn errors of metabolism such as hyperuricaemia and oxalosis, such toxic reactions are much more likely. Of other water soluble vitamins, total sensory loss in the limbs has been ascribed to intake of gram quantities of pyridoxine. Anaphylactic reactions following injections of thiamine, cobalamins and vitamin K have also been reported.

The margin of safety with the oil-soluble vitamins is much smaller. Toxic symptoms have been observed following a daily intake

Continued on p228.



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of about 10mg for a month. Ingestion of the carotenoids appears to be much safer although excessive intake may still lead to clinical problems such as menstrual disorders. As with vitamin A, accumulation of the other fat soluble vitamins, D, E and K, may also potentially lead to adverse effects. Toxic reactions to vitamin D in doses exceeding 50,000 units have been reported and in some diseases such as idiopathic hypercalcaemia, there may be an abnormal sensitivity reaction to doses of the vitamin not much above normal.

Pyridoxine is known to enhance the metabolism of levodopa and in doses of as little as 10-25mg it has been reported to reverse levodopa-induced improvement in Parkinson's disease. Peripheral decarboxylase inhibitors guard against this adverse effect. It has also been suggested that pyridoxine may enhance the metabolism of anticonvulsants such as phenytoin and phenobarbitone. Except at very high pyridoxine intakes, this effect is unlikely to be clinically significant. Folic acid may have a more pronounced effect on phenytoin blood levels.

Who requires vitamin supplements?

There is no consensus as to who should be given vitamin supplements in the absence of overt symptoms of deficiency. Most authorities, however, agree that a few specific groups of patients are more likely to be vitamin-deficient and prophylactic vitamin supplementation may be justified.

Pregnant women: The practice of

giving folic acid and iron supplements to pregnant women is widespread because their nutritional needs increase markedly during pregnancy. Red cell mass, for example, increases by about 25 per cent during pregnancy. There is however some controversy about whether such vitamin and iron supplements are justified for all pregnant women in the developed countries since increased nutritional requirements are adequately met by increased food intake. The suggestion is that only subgroups of these patients should receive prophylactic supplements.

The recent work on the possibility of multivitamin supplements reducing the risk of neural tube defects in the offspring of mothers with a family history of such abnormalities, and the fact that folic acid and iron supplementation has been shown to be quite safe in pregnancy, will no doubt ensure the continued use of such supplements. Excessive intake of vitamins A and D in pregnancy is dangerous for the foetus.

The elderly and the young: Neglect of their diet by the elderly may lead to vitamin deficiency. Angular stomatitis and cheilosis arising from an insufficient intake of riboflavin are still a problem. There is general consensus that a well-balanced diet is the best way to prevent such deficiencies arising. However where dietary advice is unlikely to be heeded, vitamin supplements may be justified.

Parents of the very young are often convinced that vitamin supplements promote health and growth. In most countries, including all the developed countries, such supplements are unnecessary, but parents will not be easily dissuaded.

Much has been written about vitamin deficiency arising from eating a diet rich in fast foods. There is however little evidence that vitamin deficiency is a problem even in people adopting such diets, probably because of the wide variety of foods consumed by everyone. Case histories of vitamin deficiencies among patients adhering to extremes of diets are reported with regularity in the medical literature.

These few patients are no justification for all of us who eat the occasional hamburger to resort to vitamin supplements.

Strict vegetarians and immigrants:

Such vegetarians run an increased risk of developing vitamin D and vitamin B₁₂ deficiency. Dark-skinned immigrants moving from sunny to northern cold climates may also become deficient in vitamin D. This is of course more likely if the immigrants are also vegetarians.

Patients on vitamin antagonists:

A number of drugs are known to increase vitamin requirements or to decrease vitamin availability and it has been suggested that vitamin supplements should be given to such patients. Some clinicians routinely give compound vitamin B supplements to patients on anti-tuberculous drugs. Again, in developed countries, most authorities are of the opinion that even among these patients vitamin deficiencies are unlikely.

Vitamins are lost during food processing. The vitamin content of foods is known to decline with storage, heat treatment such as cooking, blanching and sterilisation prior to canning and exposure to sunlight. Riboflavin is particularly sensitive to light and most of this vitamin can be destroyed if milk is exposed to sunlight.

Microwave cooking does not reduce the vitamin content of foods any more than traditional methods of food preparation. Where foods are prepared in substantial quantities of water which are subsequently discarded, losses in the water-soluble vitamins can be very large. Slicing of food prior to cooking will increase the losses. Storage of root vegetables and fruits will also reduce their vitamin contents.

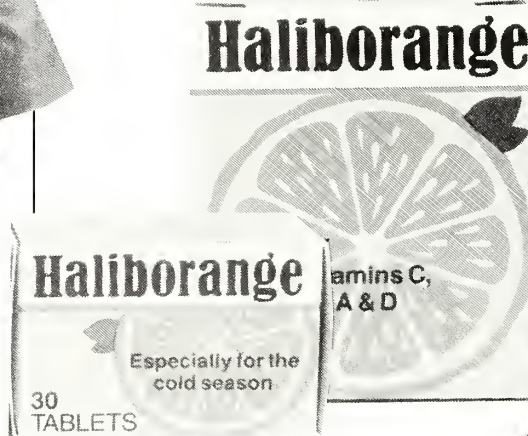
continued on
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**10 VITAMINS
8 MINERALS
PLUS IRON**

Super Plenamins

For all the family's health

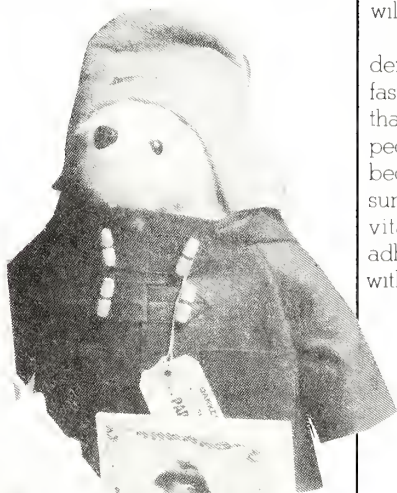


Haliborange

vitamins C, A & D

Especially for the cold season

30 TABLETS

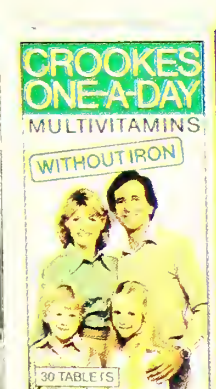


DOUBLE TAKE

Now Crookes One-A-Day comes with and without iron. So your customers have twice the choice and you have the chance to double sales.

Watch out for our powerful dose of television advertising now on air.

So double up your order for Crookes One-A-Day now.



£1.09
for 30 tablets

£1.99
for 60 tablets

CROOKES ONE-A-DAY MULTIVITAMINS



It's not just the quality of our vitamins that will keep people coming back for more



Given Evans' reputation for high quality products, it probably won't surprise you that our new range of vitamin capsules – designed to meet the needs of the family – have been formulated with all the care and attention that you have come to expect from Evans.

What may surprise you – despite Evans' reputation for competitive pricing – is just how little they cost.

There's a simple, sensible reason for this.

We believe that a lot of people who understand the value of vitamins – and the benefit of persevering with a course – are being put off by price. The new Evans range provides you with an ideal opportunity to reach this untapped sector of the market.

All you have to do is call a local wholesaler and order in the usual way.



QUALITY DRUGS, WHOLESALE SENSE.

Errors of metabolism

Inborn errors of metabolism leading to increased requirements in vitamins are now well recognised. To date about 25 such disorders have been described in the literature. An abnormal biochemical pathway such as impaired absorption or transport, deficiency in enzymes required for the activation of vitamins and abnormal binding of the vitamins is usually involved. Such metabolic errors have been described for at least ten of the vitamins and administration of very high doses of the vitamins generally brings about dramatic improvement. These diseases are rare but proponents of high vitamin consumption are working hard to convince us that almost all of us suffer from at least one of them.

Conclusions

Vitamins are essential for the proper functioning of the body. Deficiency manifests itself as a series of symptoms which resolve rapidly upon administration of vitamin supplements. For this reason and because they occur naturally in foods, vitamins have been regarded as almost magical substances.

One of the striking features of the vitamins is their excellent safety profiles. Except for vitamin A, D and K, toxicity symptoms are not seen until ingested doses exceed several hundred times the daily requirement. Enthusiasts have therefore been recommending increasingly massive doses so that gram quantities of vitamin C and pyridoxine are regularly taken by many people. At these dose levels toxicity has started to emerge but in their pursuit of life extension, delayed ageing, beauty and sexual prowess, many will not be deterred

by such isolated cases of toxicity. Pharmacists can only hope to minimise the damage by giving suitable advice to patients.

Vitamins on top form

The vitamins market has blossomed in the past five years, but growth is now slowing down and cut-price generic products are appearing to challenge the established brands.

Sales are estimated to have reached £45m last year, and accounted for around 11 per cent of the over-the-counter medicines market. Only the analgesic market, with 17 per cent of OTC business, is larger (Euromonitor). Fisons say there are 50 per cent more vitamin users than five years ago, and 23 per cent of all UK adults now take a vitamin supplement. The majority take a multivitamin as a form of health insurance. Men are just as likely to take a vitamin supplement as women — it had been thought that women were the majority users.

Last year saw vitamin sales showing real unit growth of 7 per cent, say Fisons. The company estimates its £1m spend on Sanatogen this year will account for about a quarter of all vitamin advertising, including dietary supplements sold through health food stores. The number of advertised



New pos material for the Sanatogen range — Britain's best selling vitamins, claim Fisons.

brands has increased from around 35 in 1980 to over 60 last year, although a number of these are small brands appearing in specialist publications.

Pharmacies and health food stores account for the majority of distribution. The rapid increase in number of the latter has led to their proportion of sales becoming significant but the market there is highly fragmented. The high number of small brands, originating from health food manufacturers, has led to the segmentation. Many of these products, marketed as dietary supplements, contain minerals, iron, natural oils and herbal or vegetable adjuncts. Nevertheless, Lindsey Duncan, Sanatogen brand manager, estimates 66 per cent of vitamins are still sold through chemists.

The number of branded products available is huge. There are over 250 "straight" vitamin preparations (ie vitamins with perhaps iron or mineral supplement) without looking too deeply at products from the health food sector. A whole range of presentations is also available, both ethical and proprietary, including tablets, capsules, liquids and injectables.

Numerous articles on nutrition, diet and health in the consumer Press, especially women's magazines, coupled with some well publicised medical claims for vitamins,

Table 1: List of recognised vitamins

A ₁	Retinol
A ₂	Dehydroretinol
B ₁	Thiamine or Aneurine
B ₂	Riboflavine
B ₃	Panthothenic acid
B ₅	Panthothenic acid (also B ₃)
B ₆	Pyridoxine
B ₇	Folic acid
B ₁₂	Cyanocobalamin or cobalamin
B _{12b}	Hydroxycobalamin
B _{12c}	Nitritocobalamin
C	Ascorbic acid
D ₂	Calciferol or ergocalciferol
D ₃	Cholecalciferol
E	Alpha Tocopherol
G	Riboflavine
H	Biotin
K ₁	Phylloquinone or Phytomenadione
K ₂	Menaquinone

K ₃	Menaphthone
M	Folic acid (also B ₇)
P	Nicotinamide, niacinamide Nicotinic acid, niacin

Table 2: Some substances claimed to be vitamins but not recognised as such

Vitamin B ₄	6-aminopurine
Vitamin B ₁₄	Orotic acid
Vitamin B ₁₄	Xanthopterin
Vitamin B ₁₅	Pangamic acid
Vitamin B ₁₇	Laetrile
Vitamin B ₁	Carnitine
Vitamin F	Mixture of essential fatty acids
Vitamin H'	Para amino benzoic acid
Vitamin U	
Bios I	Inositol
Ubiquinone	



have contributed heavily to their increased usage. Vitamin C was acclaimed by Professor Linus Pauling for the treatment of winter illnesses, colds and cancer. Vitamin B₁₂ has attracted a large following after it was suggested it relieved pre-menstrual tension. Vitamin E is under investigation for use in preventing inherited disease.

Because of their excellent safety profile there is little control over the sale of vitamins. However megadoses of certain vitamins can cause harmful side effects. The Department of Health has recently proposed that medicines containing vitamin A should become Prescription Only, except where the dose recommended does not exceed 7,500 iu (2,250 mcg retinol equivalent) daily. The proposal follows concern over the possible teratogenic effect of high doses in pregnancy.

The market recently came under the scrutiny of the Consumers' Association in their publication *Which?* After going in search of the best value among the "hundreds of pills in the shops" *Which?* concluded: "None of them. Don't waste your money. You should get all the vitamins you

need from the food you eat". Although recognising that some groups of people do need vitamin supplements, the report suggested changes in diet would be the best way to overcome possible deficiencies. If you still are determined to buy a vitamin preparation, said *Which?*, you are unlikely to find one any cheaper than Vitamins BPC (£2.50 for 250) from any pharmacist.

This attack has been shrugged off by the manufacturers. "The national Press tried to make a story, but found most manufacturers did not dispute what *Which?* said," says Neville Edwards, Sanatogen marketing manager. "If you talk to any of the leading nutritionists they will say it is very difficult to know whether you are eating properly all the time. Vitamin deficiency is virtually unheard of in the UK today, but while the majority do eat regularly there are people with a sub-clinical deficiency."

Booker Health Foods take a similar line. Dr Len Mervyn, Booker's technical director says: "With an increasingly stressful lifestyle and reliance on packaged and processed foods a much larger proportion of the population than accepted is likely to be at risk

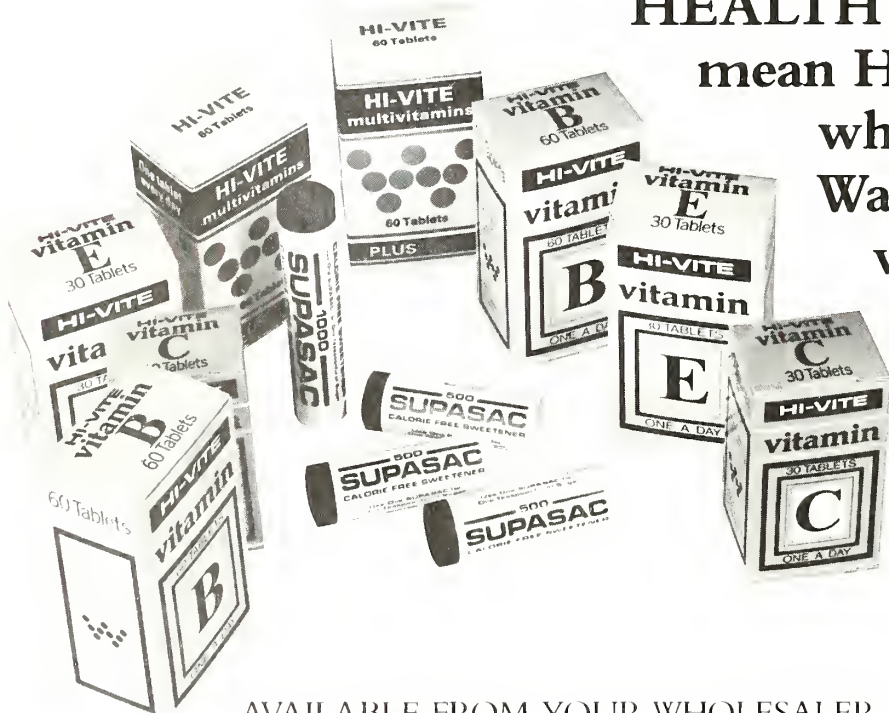
and may miss out on essential nutrients."

While companies like Booker, G.R. Lane, Health & Diet and Cantassium dominate the vitamins market in health food stores, the pharmacist tends to take products from his traditional source, the ethically-based pharmaceutical manufacturers. The type of vitamin sold also reflects the difference in customer-profile between the two sectors. Vitamin E preparations sell better in health food outlets — vitamin C and B group products in chemists. Overall multivitamins take the lion's share of sales.

Sanatogen accounts for 40 per cent of independent chemist sales and outsells its nearest competitor by four to one, say Fisons. A nationwide television campaign is supporting the range on ITV and Channel 4 until mid-March, and will be followed by a poster campaign in April with over 2,500 sites in High Streets and shopping centres. A 30-second commercial on London's Capital Radio is planned for February and March. This activity will cost around £1½m. More exposure is planned for later in the year.

Around 85 per cent of Sanatogen sales

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sweeteners.**

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Three new one-a-day vitamin products are shortly to be launched by Phillips Yeast Products. The range, consisting of multivitamins, multivitamins with iron, and vitamin C, come in 30 and 60 tablet packs (prices to be announced)

go through the chemist (including 20 per cent through Boots). This Spring Fisons are launching an in-store merchandising promotion exclusive to pharmacies — details from representatives.

A 25 per cent increase on sales of Sanatogen children's vitamins is reported since its relaunch last year. Fisons say many of their customers are young, in the 15-24 age group. Neville Edwards also predicts an increase in price sensitivity. Sanatogen has not increased in price for the past 14 months.

Farley put the total market for vitamin products through chemists at around £11m rrp, with the vitamin C sector claiming 33 per cent and the multivitamin sector 67 per cent. Haliborange dominates the children's vitamin C market, says the company, and has the highest "ever used" figure in the category. Relaunched last year, the brand was supported with a bonus deal to chemists and a poster campaign. The packaging of Farley's infant multivitamin drops is under review with the aim of "bringing the brand positively into the 1980s"

Crookes capitalised on the market's buoyancy last year by launching a without-iron variant of One-a-day. The brand is currently supported by a £1½m national television campaign to capture the Spring market — a season of high demand. Sales in the Winter period are generally about 40 per cent higher than during the Summer.

Beecham have four products active in the vitamins and tonics market. Vykin fortified multivitamins are being strongly promoted in the next two months with a £50,000 consumer Press advertising campaign. Yeast Vite is claimed as a brand leader in the tonic market, holding an 18 per cent share. Since its relaunch 18 months ago it has increased share by 10 per cent, say Beecham. A £70,000 Press campaign is planned over the next two months.

Phyllosan is also therapeutically classed as a tonic and holds a 4 per cent share of the chemist market, estimated to be turning over some £6m and growing by some 9 per cent in value annually, say Beecham. Iron Jelloids is the fourth product in this area.

Seven Seas Health Care have a chemist-only distribution policy for their ten-strong health supplement range. They see the products as a second generation capsule product, without synthetic colourings and preservatives, that will grow at the expense of the "little red pill" end of the market.

The range was supported with advertising in the women's Press and with regional television advertising. This support will continue in 1984, say Seven Seas.

Roche give the value of the vitamin C, B₆ and multivitamin market in pharmacy as close to £30m, and growing at 20 per cent — volume growth is currently 9 per cent. A

new range of Redoxon multivitamins is being test marketed in the TVS, Central Scottish and Granada television areas, with "distinctive" advertising and consumer booklets. An average 11 per cent unit share is claimed in the test areas.

Redoxon C accounts for three quarters of all unit purchases of vitamin C in independents (excluding Boots), say Roche. The effervescent tablets are the range flagship, but the recently introduced chewable tablets are seen as an important line extension. The vitamin B₆ market is the fastest growing sector in the business and Roche claim their brand leader, Benadon, accounted for nearly 55 per cent of vitamin B₆ sterling sales in 1983.

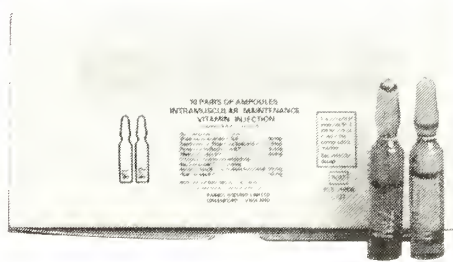
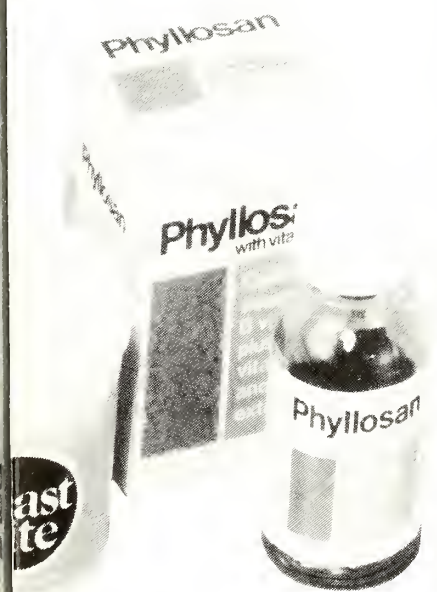
Two companies that have introduced generic ranges of vitamins are Evans and Independent Chemists Marketing Ltd. Sun-pure vitamins and dietary supplements have proved to be among the most successful new product introductions for ICML, the company says. The range offers a month's supply in each pack.

Evans came into the market last year, offering a range of products at a standard price of £0.99 for 60. "We felt there was an opportunity to come in under the market — we were looking for the lost sale," says sales and marketing director Marc Wheeler. Evans are not putting any money behind the range. "We are offering a good margin, but are not coming in with sensational bonuses."

He admits his problem is getting distribution but is pleased with results so far. "In terms of sales we are only months in, but I reckon we have about 10 per cent distribution." The range is chemist-only. Mr Wheeler points to the comparative cost of other brands: his own multivitamins work out at 1.7p per day, Sanatogen at 4p, One-a-day at 3.3p and Ladycare at around 7-8p. He feels this is an important consideration.

Rand Rocket introduced their Pad-dington's junior vitamins last September, to mark the bear's 25th anniversary.

concluded overleaf



Marketing director Richard Giles says sales were very encouraging last year. In 1984 Rand Rocket will continue to promote the product to the trade and public, with competitions around Easter.

Ernest Jackson say their Centuron vitamin C is the only supplement available as a soft pastille. Over 50 insertions are scheduled to appear in the *TV Times*, *Daily Telegraph*, *Daily Mail* and *Daily Express*. New POS material is also available.

Pharmagen distribute two vitamin products, their own Pharmaton capsules and Efamol on behalf of Britannia Health Products. Pharmaton is a chemist-only line, and a major consumer advertising campaign in the national and women's Press breaks in February, supported by leaflet inserts in the *Radio Times*.

Efamol sales have increased by over 50 per cent in the past three or four months, say Britannia, due to radio advertising. Two new pack sizes have been introduced, designed for the first-time buyer.

The liquid tonic market has been static for the past five years, and if anything is showing a slight decline in volume. "Tonics"

seem to have an old-fashioned connotation, tending to be taken as a "pick-me-up" following illness, rather than long-term.

Fisons say they have increased their share since relaunching Sanatogen tonic in 1982, but "the market is not going to take off." Metatone is the top selling tonic, according to Warner Lambert. It is also, they say, the most prescribed, and has strong doctor endorsement. Effico, from Pharmax, has been available from 1969. The product is prescribable, and has been available in an OTC pack since 1978, when the strychnine was removed. Pharmax say Effico is popular with the elderly and children, and that future campaigns will aim to broaden its spectrum.

Minadex dominates the children's tonic market, say Farleys. It has recently been re-packaged and is currently being sampled extensively to "recommenders" by the medical salesforce. The sampling will continue throughout the Winter season.

A significant number of products are not promoted to the consumer, and remain in the ethical sector. Among the multivitamins are Orovite, probably the biggest ethical

brand, and Multivite. Other prescribable lines include Becosym and Benerva from Roche, Fesovit (SKF), Ferraplex, Pregnavite (Bencard), Ketovite (Paines & Byrne — they also market Pabrinex injection for severe vitamin deficiency), and Ferromyn (Calmic). Ayerst have recently launched a counter pack of their high potency B complex and C vitamin tablet, BC500. The decision was made due to the current increase in awareness by the public of the benefits of vitamins, and in particular the need for adequate doses of water soluble vitamins.

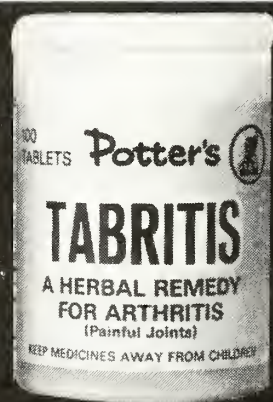
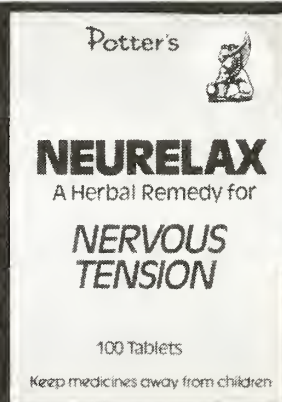
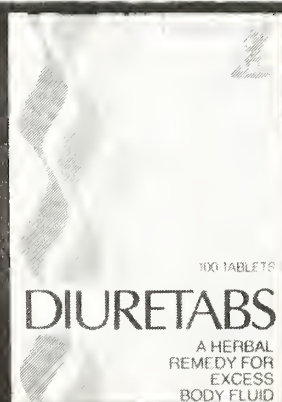
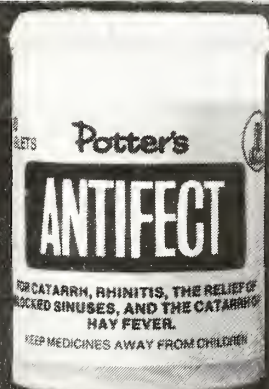
Whether this move will be followed by other manufacturers is uncertain. The market is unlikely to continue its meteoric rise of the past five years, but there is still room for growth, as evidenced by a number of product ranges being launched or test marketed. With the strongest brands in the market going through the chemist there is little doubt that he will continue to be the most important source of supply. Although the health food store can no longer be ignored, few pharmaceutical companies distribute in that area.

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NERVOUS TENSION

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Five year Register ban on pharmacist

A pharmacist who had been fined for drugs offences, and served a prison term in default, has been refused readmission to the Register for at least five years. The Statutory Committee said it wanted to mark its view of his conduct.

Drug Squad officers investigating illicit countrywide distribution of massive quantities of amphetamines among young people found over 16 million amphetamine-type tablets in a raid on the premises of wealthy London pharmacist Sidney Solly Frankel, the Pharmaceutical Society's Statutory Committee was told last week.

Mr Frankel, of Camden, was banned from practising as a pharmacist for five years by the Committee, which had investigated complaints by the Society's Council.

He appeared before the Committee following his conviction at the Old Bailey in October 1980 of possessing 16,312,484 tablets containing diethylpropion hydrochloride without a wholesale dealer's licence, and selling 1,567,000 similar tablets without a wholesale dealer's licence. He was fined a total of £115,000 with two years nine months imprisonment in default of payment.

Mr Josselyn Hill, for the Society, said the tablets, known as "speckled blues", were Prescription Only drugs.

In October 1978 Drug Squad officers from New Scotland Yard searched two pharmacies owned by Mr Frankel in Edgware Road, London W2, and Jamaica Road, London SE16, and large quantities of the tablets were seized.

Eventually the police established that Mr Frankel had ordered and received from a manufacturer just under 30 million "speckled blues".

The amount of tablets in his possession was more than any retail pharmacist would need, but Mr Frankel said he was hoping to export them, said Mr Hill.

The police also seized about 200,000 Tuinal capsules, 5,000 sodium amytal, and other medicines.

Mr Frankel could give no satisfactory explanation of how such large quantities of medicines were in his possession.

Detective Superintendent Colin Coxall, a former Drug Squad officer, told the Committee that in 1978 there was considerable public concern that massive quantities of diethylpropion hydrochloride were being illicitly distributed among young

people.

The tablets were not rendered unlawful by the Misuse of Drugs Act and could only be dealt with under the Medicines Act.

A police investigation started after reports of several deaths from overdoses. Police throughout the country traced several main distributors, and there then followed a number of arrests and substantial seizures.

Mr Coxall said that when Mr Frankel was questioned he said the tablets were for export only to Nigeria. However, at Mr Frankel's trial, evidence was given that all the tablets seized throughout the country from illicit suppliers came from the 29,208,492 tablets supplied to Mr Frankel.

At the trial he was said to have owned a £150,000 house in St John's Wood Park and a Rolls Royce, but the Committee was told by his counsel, Mr Nigel Murray, that he was now "stripped of his capital". The fines and the court proceedings had ruined him, and he had been obliged to transfer his house to his wife as a result of their divorce.

He had done very well out of his businesses and had substantial means. All this was now lost. He had five shops but these had all gone. He had been punished enough.

His appeal against conviction and sentence was dismissed and in August 1982 he went to prison because he was unable to pay the bulk of the fines. He was released in November 1983, and was given one month's pardon because he prevented another prisoner from escaping.

He wanted sincerely to apologise and express his deep regret. Basically he accepted the truth of the allegations. He was exporting to Nigeria, but that connection broke down, and the situation got out of hand.

Mr Frankel had been unable to pay his registration fees and because of this was no longer a registered pharmacist, but he wanted to be restored to the Register.

The Committee, however, told Mr Frankel that it wanted to mark its view of his conduct by ordering that no application for restoration would be considered for at least five years.

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Whitley Councils to be replaced?

A meeting with the Department of Health has taken place to explore the options available to hospital pharmacists for a future negotiating structure, the Guild Council was told at its meeting on January 27.

The options available are: maintain the *status quo* with the Pharmaceutical Whitley Council; merge with a new Professional Staffs Council (as proposed by the DHSS); or form a separate pay review body for pharmacists. The Council felt all three options were still open, and decided to reserve its decision and explore the feelings of the membership and see what other NHS staff groups were doing. The machinery for the coming round of salary negotiations is likely to remain unchanged.

The NHS reorganisation in Scotland was proceeding, the Council was told, with the possibility of becoming "operational" on

June 1. Present health boards would remain, but districts would be abolished. A divisional officer and a district member from Scotland are to be invited to the next Pharmaceutical Whitley Council staff side meeting on February 15.

The "out of hours" situation remains unimproved. Members were urged to continue to put pressure on their local DHAs and urge their MPs to sign the Commons Early Day Motion. Ms Donna Haber, divisional officer, said increased activity in the campaign should be co-ordinated centrally for use in the coming round of negotiations.

Council endorsed comments by the working party considering the "Griffiths" report, that the NHS was in no condition to face another restructuring, and much could be achieved by making the existing organisation work in practice. The case for the introduction of a general management process was insufficient to set aside all that is good about consensus management.

Council was told that comments had been made on DHSS proposals on introducing special licensing arrangements

for parallel importing. It was thought that the draft was too restrictive in terms of the persons able to import and that the product licence holder should be held responsible for notification of all variations to the EEC marketing authorisations.

The Advisory Council on the Misuse of Drugs' report on the security of Controlled Drugs was endorsed by the Council. The updating of all circulars on drug security is to be encouraged.

Guild groups have now sent in comments on the draft proposals on grading criteria for hospital pharmacists. District members have been requested to send in evidence of grade 1 pharmacist vacancies.

An invitation to submit evidence to the Nuffield inquiry is to be dealt with by the Executive Committee.

The University Grants Committee decision that Heriot-Watt University should discontinue pharmacy teaching was regretted and the president is to write to the UGC in support of the university.

A recruitment campaign at local level is to be prepared. Any increases in membership are to be monitored.

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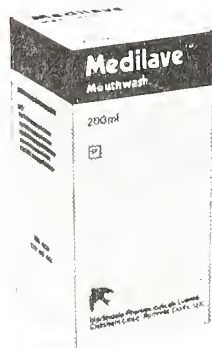


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Unichem predict uncertainty for '84

Unichem managing director Peter Dodd expects 1984 to be an uncertain year for the pharmaceutical wholesaler — and says it is Unichem alone which can offer the independent pharmacist hope and protection for the future.

Speaking at the Unichem annual sales conference, Mr Dodd described 1983 as "turbulent". Major problems over the year had been the growth of parallel importing and the 2.5 per cent cut in drug prices imposed by the Government in August.

Once the new DHSS proposals on parallel importing (*C&D* December

17/24/31 p1084) are implemented, he says it will take another 4-6 months for pharmacists to decide whether it is worth continuing the practice. But Mr Dodd found it difficult to predict with any confidence the results of an ethical price freeze and expected Government cuts in wholesaler margins.

"Unichem has been criticised in the past for what we say and do, sometimes with justification, but one should never lose sight of the fact that we are trying to act in the best interests of independent pharmacy," he said. "Unichem has proved itself efficient and flexible, and will therefore adapt readily to the problems of the industry in 1984."

Reform of trade mark law?

Calls for reform of trade mark law are expected to follow a House of Lords ruling which could lead to piracy in the field of cartoon character merchandising.

In a unanimous ruling, the Law Lords refused to allow the American Greeting Corporation — which designs and produces greetings cards — to register its "Holly Hobbie" trade mark for the purposes of licensing other traders to use it for different products, according to a report in the *Daily Telegraph*.

Applications related to goods ranging from toiletry products, tableware and lamp shades to textiles and toys.

But allowing registration for this purpose would tend to "facilitate trafficking in a trade mark" which was not permitted under Section 28 of the 1938 Trade Marks Act,

said the Law Lords.

Lord Bridge of Harwich said that as a result of the ruling, the whole field of character merchandising would now be open to piracy.

Chemical plant

Angus Chemical plan an £8m manufacturing plant for Clwyd, Wales.

It will produce organic intermediates for use in the manufacture of finished pharmaceutical and agricultural products.

The first phase of construction will begin on receipt of planning approval, and will take about 12 months to complete.

The project is a joint venture between American parent Angus Chemical, who own 80 per cent of the British company, and Isochem, a French manufacturer of fine chemicals who hold the manufacturing stock. The investment will mean 250 jobs for Wales over three years, say Isochem.

Public favour Sunday trading

Two-thirds of the public favour legalisation of Sunday and evening shopping, according to the National Consumer Council.

Greatest demand is shown for garden centres, DIY shops and those selling household goods. Chemists were ranked eighth in the list of shops most likely to want extended hours.

Also included in the NCC's evidence to the Home Office shop hours committee are no less than 1,694 local newspaper advertisements concerning illegal Sunday opening, collected in just one month.

In 1980, the latest year for which figures are available, there were only 364 prosecutions under the 1950 Shops Act, the NCC point out.

"Enforcement of this law appears to be entirely arbitrary; it is widely ignored and generally held in contempt. This seems to us to be a very unhealthy state of affairs which clearly must be changed" the evidence continues.

Changes in the law suggested by bodies such as USDAW, the Retail Consortium and the National Chamber of Trade are dismissed as merely creating new anomalies.

Shoppers from Scotland — where Sunday opening is already permitted — thought extra trading hours had actually helped to keep prices down, or at least to stabilise them, through competitive pressure. They were not aware of spending more money, but thought they were spending it differently. Copies of the NCC's evidence are available from *Shop Hours Evidence, NCC, 18 Queen Anne's Gate, London SW1H 9AA*.

Savory & Moore's first-half profits this year rose £9,000, not £900,000 as stated in *Business News* last week.

ANNOUNCING

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NPA drafts budget advice

With the budget set for March 13 the National Pharmaceutical Association is calling on the Chancellor to produce "a fairer distribution of the tax burden."

NPA say capital allowances on retail premises would go some way to achieving this: "It is unreasonable to discriminate against retailing which has a direct influence upon manufacturing output, when service industries such as hotels are granted capital allowances."

The Association envisages the scrapping of National Insurance surcharge and the elimination of VAT between registered traders. The latter is described as "an inefficient and costly tax to collect."

Actions to increase individual disposable income are also suggested, including

raising the threshold for mortgage interest relief and allowing the cost of travel to and from work to be claimed against tax.

Advice to Nigel Lawson also comes from the Confederation of British Industry, which puts forward a £1.8 billion package to encourage investment and innovation, reduce government-imposed costs on businesses and to sustain last year's 3 per cent growth rate.

Like NPA, the CBI wants to see abolition of the NIS, referred to as a "jobs tax." Its proposals also ask for a reduction in the £6 billion a year rates bill, investment income surcharge and capital taxes. The latter hinders the development of family businesses says the CBI, as once an enterprise reaches a certain size further growth results in unacceptable transfer taxes if the business is passed on. For this reason many businesses tend to be sold or artificially held back from further expansion. The CBI wants measures implemented to encourage competitiveness.

Wholesalers vital — Mintel

The necessity for rapid delivery of a wide range of drugs and medicines will ensure the continuing importance of the wholesaler in retail pharmacy, say Mintel.

The level of customer service achieved by wholesalers could never be economically provided by manufacturers says the report.

Turning to the electronic goods sector,

the appointment of a *solus* wholesaler by manufacturers is likely to grow substantially say Mintel.

The wholesaler provides a steady stockholding service for the manufacturer. His sales force complements the manufacturer's marketing activities and his credit facilities enable retailers to buy more of the manufacturer's goods.

The pace of technological change in electronics should also ensure the future of specialist retailers and the need for wholesalers to supply them. *Mintel Retail Intelligence Report on Non-Food wholesaling, Winter 1984 (£110), 7 Arundel Street, London WC2R 3DR.*

Herbals source

A new importing wholesale company has been formed to meet the increased demand in crude herbs, roots and barks.

Brightlodge Ltd is a consortium of manufacturers and wholesalers, which brings together two people who have spent many years in the industry — Mr J. W. H. Chappelle (chairman), a director of William Ransom & Son plc, and Mr H. W. Mitchell (managing director), formerly joint managing director of Brome & Schimmer.

Brightlodge's aim is to provide a "trustworthy and reliable" source of raw materials for the manufacture of herbal products, and to challenge overseas competition. Quality control facilities have already been set up.

CBS backed in business

Channel Business Systems, who specialise in computer point of sale systems for the small retailer, are promoting their software with the backing of the Sandhurst Group.

CBS already has a retail pharmacist's system on the market, called Monarch. But developing the full potential of the system has been hindered until now by lack of capital, and the lack of confidence that larger companies have in buying computer equipment from small organisations.

Sandhurst acquired the CBS last year, and see it as a natural extension of their office stationary and equipment business. They intend to aim for the small retailer and multiples with less than 30 branches. "We are geared to cope with small firms," says Martin Booth, of CBS.

Last year there was little interest among pharmacists in POS, due to the Society's label edict, says Mr Booth. This year, supported by £1½m promotional budget from Sandhurst, he is approaching the retailer again. The company will also be exhibiting at EPOS 84.

Sandhurst also provide a nationwide marketing and sales force, their own leasing company and servicing facilities.



Regency Film Services found a novel way of celebrating the appointment of their newest distributors, R.S. Burrows. They sponsored a recent first division match between Leicester City and Notts County. The game attracted some 10,000 spectators, who saw Leicester dominate the play to win 5-2. Over 500 free films were distributed at the game. Regency and Burrows representatives are shown here with the Notts County team.

Schering marketing transfer: Berlimed Pharmaceuticals are now responsible for marketing the Schering range of dermatological and proctological preparations. *Berlimed Pharmaceuticals, division of Schering Chemicals Ltd, The Brow, Burgess Hill, Sussex RH15 9NE.*

COMING EVENTS

IPMI's Portugal conference

The 20th Institute of Pharmacy Management conference is to be held in Estoril, Portugal, April 14-21.

Sessions include: "Changing patterns in OTC medication" by Mr B. Hardisty, managing director of Winpharm; "Computer pricing of NHS prescriptions-implications;" "Innovation in pharmacy and pharmaceutical services in the USA;" "The UK Medicines Act 1968, an appraisal of the regulatory system," by Professor R. Hurley, chairman, Medicines commission, and Dr E.S. Snell, director of medical and scientific affairs, Association of the British Pharmaceutical Industry, on "Incentives for new medicines."

Cost is £325 for seven nights residential accommodation and full board including gala dinner. As the week runs close to Easter arrangements have also been made for return on Thursday April 19. Cost for five nights accommodation is £295.

Applications to Dr I F. Jones, conference secretary, 49 Hallas Lane, Cullingworth, Bradford BD13 5BU.

NPA training course: Some places are still available on the "You and the Law" course being run in London by the National Pharmaceutical Association, February 15-16. Members interested should contact Mrs Alisa Benson, NPA training officer, on 0727 32161.

The Home Appliance International exhibition takes place at the National Exhibition Centre, Birmingham, on March 11-14. The Small Electrical Appliances Marketing Association have 2,900 sq m within Hall 2. Further information from *Montbuild Ltd, 11 Manchester Square, London W1M 5AB, tel: 01-486 1951.*

Monday, February 6

East Metropolitan Branch, Pharmaceutical Society. Churchill room, Wanstead Library, Spratt Hall Road, Wanstead E11, at 7.30pm. Miss Ethel W. Cherryman, school of pharmacy, Sunderland, on "Vaccines for infectious diseases."

Plymouth Branch, Pharmaceutical Society. Medical centre, Greenbank, at 8pm. Mr R P. Ellis, consultant, on "Eyes — recognition of diseases and treatment."

Pharmaceutical Services Negotiating Committee. Crest Motel, Hinxley Road, Walsgrave, Coventry, at 7.30pm. Meeting of local pharmaceutical committee members to discuss the aims

and objectives of the PSNC public relations campaign. Addressed by Mr A I. Smith, PSNC representative and Mr H. Brabon of Brabon consultancy. Booking details contact C. F. Parley, 44 The Hill Lane, Coventry.

Tuesday, February 7

Lancaster & Morecambe Branch, Pharmaceutical Society. New Inn, Market Street, Lancaster, at 7pm. Tour of the Malt Mill & Brewery.

Wednesday, February 8

Isle of Wight Branch, Pharmaceutical Society. Postgraduate medical centre, St Mary's Hospital, Newport, at 8pm. Joint meeting with the Isle of Wight Medical Club. Dr Alan Edwards, on "The role of the doctor in the pharmaceutical industry."

Thursday, February 9

Bournemouth and East Dorset Branch, National Pharmaceutical Association. Dormy Hotel, Ferndown, at 7.30pm. Mr S B. Axon, PSNC secretary on "Pharmacy demands a new deal." Buffet.

Leeds Branch, Pharmaceutical Society. Golden Lion Hotel, Leeds, at 8pm. Mr W. Darling, council member, on "What are we up against?" Buffet.

Manchester Jewish Pharmacists Association. Postgraduate centre, Hope Hospital, at 8pm. Mr N W. Blacow, N.W. regional pharmacist on "Pharmacy and the future."

Reading Branch, Pharmaceutical Society. Postgraduate centre, Royal Berkshire Hospital, Reading, at 7.30pm. Dr A I. Pym and Mrs Moat, Sue Ryder Home matron, on "Sue Ryder."

Royal Society of Chemistry Analytical Division. F R Squibb & Sons Ltd, Moreton, Wirral. B. Cosgrave on "A novel approach to the analysis of antibiotics."

Society of Cosmetic Scientists. School of Pharmacy, Brunswick Square, London WC1. Joint lecture meeting with the British Society of Perfumers. Speaker from Charabot & Cie, Grasse, France.

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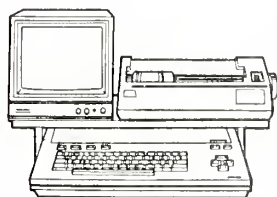
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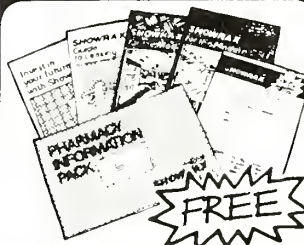
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Guild election results

Mr Michael Cullen, a district pharmaceutical officer from Derby, has been elected president of the Guild of Hospital Pharmacists.

Vice-president for the coming year is Mr Bill Brookes, district pharmaceutical officer, Crewe. Dr T.R. Lowther was elected professional secretary, Ms Marion Dinwoodie editor of the Guild's publications, and Mr Jon Cooke as secretary of the education and science committee.

Mr Bob Timson, president for the past three years, was put forward as the Guild's recommendation for the post of chairman of the staff side of the Pharmaceutical Whitley Council.

An administrative error over the elections to Guild Council was discussed at the general meeting on January 28. Head office had omitted to circulate nomination forms to Guild group secretaries. Although the rules and constitution had not been violated, the incident had been a deviation from "custom and practice".

Members noted there had been no intention to deceive or alter the democratic process, and those wishing to stand for election had been able to obtain nomination forms on request. A motion that the election results were invalid was lost. The meeting therefore confirmed the election results.

The successful candidates for the five nationally elected seats were: Mr W.T. Brookes, Mr J. Cooke (principal pharmacist, Leeds), Mr A.M.S. Cullen, Mr S.R. Dorey (staff pharmacist, Sheffield), and Mr J.A. Gilby (principal pharmacist, Nottingham).

The successful candidates for the district member seats were: Mr J.D. Cronin (North Western), Dr R.F. Haines Nutt (South Western), Mr R. Pale (Midland), Mr H.H. Poole (Northern), Mr D.F. Samways (South Eastern) and Mr P. Sharott (London).

The Council of the Guild of Hospital Pharmacists for 1984 thus comprises the above members together with Ms C. Clark, Ms M. Dinwoodie, Mr P. Gurnell, Mr C.R. Hitchings and Mr R.M. Timson (national members) and the following district members, Mr V. Fenton-May (Wales) and Dr T.R. Lowther (Scotland and Northern Ireland).

Beyond the call of duty

Mrs Dawn Turnbull, MPS, has won a silver award in the Trafford Community Health Council's "Thank U" month.

Members of the public were asked to show their appreciation to health workers by nominating individuals. One of Mrs Turnbull's customers voted for her "skilful, patient and most pleasant attitude to the wide variety of problems presented daily."



The first graduates of the College of Pharmacy Practice who were presented with their certificates on Monday evening. Left to right, back row, are: Dr D.J. Anderson, Dr J.M. Smith, Mr C.W. Barrett, Mr S.J. Curtis, Mr P.J. Hopley; front row Mr Miall James (the only community pharmacist), Miss Pat Stone and Mr M.W. Beaman. Mr J.W. Anson and Mr C.R. Hardman were unable to attend.

"This attitude brims over to tasks beyond the call of normally accepted pharmaceutical duty."

The award was presented by the MP for Altrincham and Sale, Fergus Montgomery.

In reply to the tribute Mrs Turnbull said: "I value the award mostly because it gives me the opportunity to point out that we in community pharmacy are concerned about the medical problems of the public."

She adds that closer liaison with colleagues in the field of medicine can only result in better health care and more cost-effective use of the resources available.

Mrs Turnbull carries this philosophy over to her duties as secretary of the NPA Manchester and district training group.

Pharmacy views on RCP report

Mr J.P. Kerr, the Pharmaceutical Society's treasurer, put across pharmacy's viewpoint at a Press conference last week to launch a report on medication for the elderly.

The report, published by the Royal College of Physicians, said that inadequate dosage instructions could confuse elderly patients and lead to poor compliance, and recommended that doctors specified the dose and timing of drugs as precisely as possible on prescriptions. The report blamed excessive prescribing and inadequate supervision of long term medication as important causes of adverse reactions in the elderly.

Mr Kerr was one of the Society's representatives on the working party that

compiled the report. Answering questions at the Press conference he pointed out that pharmacists tried to label medicines clearly with instructions that old people could read and in terms they could understand eg "the heart tablets." He referred to the Society's suggestion that standardised instructions should be introduced for medicines, a proposal that "hadn't got very far," and he drew attention to the dangers of bulk prescribing for old people's homes when it was impossible to know who would be taking the drugs.

Nurses' representatives drew attention to the important role nurses played in ensuring that patients took their medicines correctly, in checking the doses that doctors prescribed and in monitoring the actions of drugs.

About 40 journalists from radio, television and the medical and national Press attended the conference.

DEATHS

Lillington: In a motor accident on January 25, Clive Lillington, Bristol-based advertisement executive for Benn Publications Ltd. Mr Peter Nichols, C&D advertisement manager, writes: It came as a severe shock to his colleagues to learn of Clive's untimely death. From his base in the Bristol office, Clive had represented *Chemist & Druggist* in the West of England and Wales since 1978 and during that time made a considerable contribution to the journal's activities. Although only 39 years of age, he could be described as a representative of the "old school" showing immense loyalty and devotion to the publication he represented. To his wife, Pam and two daughters, Clair and Nicola, we extend our deepest sympathy.

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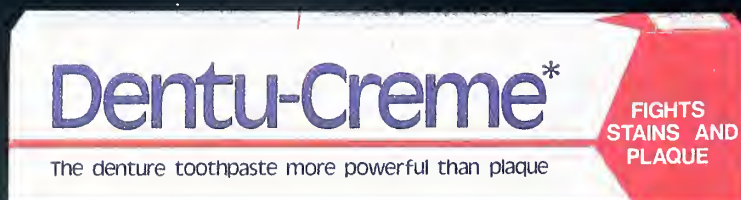
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